

PI8000029373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

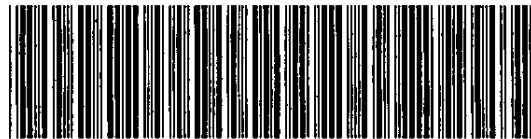
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Certified Copies _____

Certificates of Status _____

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MAR 26 2018

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T SCHROEDER

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: JACQUELINE RAMOS PA

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

LYSANDER THORPE, EA

Contact Person

THORPE'S CONSULTING SYSTEMS, INC

Firm/Company

6327 PINEY GLEN LANE

Address

ORLANDO FL 32819

City, State and Zip Code

LTHORPE@CFL.RR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYSANDER THORPE, EA

at (407) 352-8514

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input checked="" type="checkbox"/> \$122.50 Filing Fees,
Certified Copy, and
Certificate of Status |
|---|---|---|---|

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

JACKIE SOLD IT, LLC

616-119429

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on JUNE 21, 2016

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

JACQUELINE RAMOS PA

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 01-01-2018

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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18 MAR 26 AM 9:09
CLERK OF THE COURT
JACKSONVILLE, FLORIDA

Signed this 15th day of March, 2018.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator:

Printed Name: Jacqueline Ramos Title: President

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: J Ramos

Printed Name: JACQUELINE RAMOS Title: PRESIDENT

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

FILED
MAR 26 2018
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: JACQUELINE RAMOS PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

520 HICKORY WOOD AVENUE

ALTAMONTE SPRINGS FL 32714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jacqueline Ramos

Name and Title: PRESIDENT

Address: 520 HICKORY WOOD AVENUE

Address: 520 HICKORY WOOD AVENUE

ALTAMONTE SPRINGS FL 32714

ALTAMONTE SPRINGS FL 32714

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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18 MAR 26 AM 9:09
CLERK OF DISTRICT COURT
JANUARY 18 2018

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: THORPE'S CONSULTING SYSTEMS, INC
Address: 6327 PINEY GLEN LANE
ORLANDO FL 32819

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jacqueline Ramos
Address: 520 HICKORY WOOD AVENUE
ALTAMONTE SPRINGS FL 32714

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

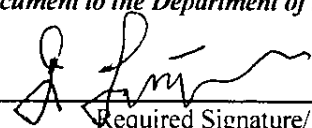


Required Signature/Registered Agent

03-15-2018

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

03-15-2018

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA