

P1800029717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

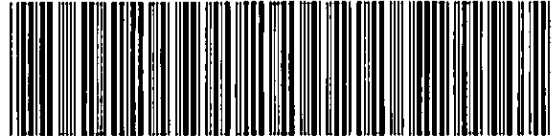
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

M. MOON

MAR 30 2018



300311233153

03/30/18--01007--006 \*\*113.75

FILED  
18 MAR 30 PM 3:01 2018 MAR 30 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1000 Ponce de Leon Blvd. Suite: 105  
Coral Gables, FL 33134  
Phone: 305-444-4994  
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Harvec LLC L18000040263  
(CORPORATE NAME) (DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

FILED  
18 MAR 30 PM 3:01  
SECRETARY  
TALLAHASSEE

☐ Walk-In ☒ Pick up time: \_\_\_\_\_ ☒ Certified Copy ☐ Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input checked="" type="checkbox"/>	Other: conversion

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

**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:

MARVEC LLC

LI4-40263

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 FEB. 13, 2018

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**:

MARVEC INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_

(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.

FILED  
18 MAR 30 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FL

Signed this 27 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: [Signature]  
Printed Name: Victoria E. Carvajal Title: PRESIDENT

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

Signature: [Signature]  
Printed Name: Victoria E. Carvajal Title: President

Signature: [Signature]  
Printed Name: Maria I. Carvajal Fernandez Title: Vice-President

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.

FILED  
18 MAR 30 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: MARVEC INC

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address

3220 N 36 STREET

HOLLYWOOD, FL 33021

Mailing address, if different is:

SAME

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

FILED  
18 MAR 30 PM 3:01  
SECRETARY  
TALLAHASSEE, FL

**ARTICLE IV    SHARES**

The number of shares of stock is: SHARES: 100

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Victoria E. Carvajal (President)

Address: 3220 N 36 STREET

HOLLYWOOD, FL 33021

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Maria I. Carvajal Fernandez (V-President)

Address: 3220 N 36 STREET

HOLLYWOOD, FL 33021

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Valencia Accounting Firm Corp.  
Address: 14733 sw 90 Ter  
Miami, FL 33196

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Victoria E. Carvajal  
Address: 3220 N 36 STREET  
HOLLYWOOD, FL 33021

FILED  
18 MAR 30 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE

\*\*\*\*\*

*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*

(X) [Signature]  
Required Signature/Registered Agent

03/27/2018  
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.*

(X) [Signature]  
Required Signature/Incorporator

03/27/2018  
Date