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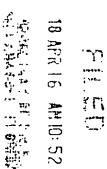
(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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APR 1 8 2018
T SCHROEDER

COVER LETTER

TO: Charter Section

Tallahassee, FL 32301

Division of Corporations

SUBJECT: CAPITALI	ZA CORP.		
JUBBLECT.	Name of R	esulting Florida Profit	Corporation
The enclosed Certificate of Entity" into a "Florida Profi	Conversion, Articles it Corporation" in acc	of Incorporation, and for ordance with s. 607.11	ses are submitted to convert an "Other Business 15, F.S.
Please return all correspond	lence concerning this	matter to:	
KENDETH D. FA			
	Contact Person		
	Firm/Company		
en adimete		110	
600 BRICKELL	Address	1760	
Miami FL 33	5/3/ y, State and Zip Code		
KFANTES @ C	APITALIZA. COM e used for future annu	al report notification)	
For further information cor	ncerning this matter, p	olease call:	
KENDETH FAL			12 - 2910 I Daytime Telephone Number
Enclosed is a check for the	following amount:		
	\$113.75 Filing Fees ad Certificate of latus	☐\$113.75 Filing Fees and Certified Copy	Certified Copy, and Certificate of Status
STREET ADDRESS: New Filings Section Division of Corporations		New I	LING ADDRESS: Filings Section on of Corporations
Clifton Building 2661 Executive Center Cir	rele		Box 6327 assee, 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 C	conversion is:
Capitaliza LLC (17-17671)	
Enter Name of Other Business Entity	_
Limited Liability Company	
2. The "Other Business Entity" is a	<u>.</u>
(Enter entity type. Example: limited liability company, limited partnershing general partnershing, common law or business trust, etc.)	ρ,
Florida first organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name of the country)	•
08/18/2017	
on	
Enter date "Other Business Entity" was first organized, formed or incorpora	ied
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the la organized, formed or incorporated:	ws of which it is now
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporate</u> Capitaliza Corp.	lon:
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 Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, listed as the document's effective date on the Department of State's records.	•
Page 1 of 2	10 A

Signed this day of	, 20	
Required Signature for Florida Profit Corporation:		
Signature of Chairman, Vice Chairman, Director, Office Incorporator:	er, or, if Directors or Officers have not be	en selected, an
Printed Name: KENNETH D. FANTES Title: Incorpor		
Required Signature(s) on behalf of Other Business E	ntity: [See below for required signature(s).]
Signature:		-
	_ Title: MEMBER / AUTHORIZED I	REPRESENTATIVE.
Signature:		-
Printed Name: ALEJAN DRO REYES	Title: MEMBER / AUTHORIZE	LEPPESENTATIVE
Signature:		-
Printed Name:	_ Title:	-
Signature:		-
Printed Name:	_ Title:	
Signature:		
Printed Name:	_ Title:	-
Signature:		
Printed Name:	Title:	-
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership;	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	• के - : - : - : - : - :	18 APR
All others: Signature of an authorized person.	ाँ हिंदी के के के के के के	
•	-	t <u>e</u> N
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional)	© 52 0:52
Columbia of Bidlus.	\$8.75 (Optional)	

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

<i>ARTICLE I</i> The name of the	he corporation shall be: <u>CAPITALIZA</u> CO	DEP.	<u></u>
	PRINCIPAL OFFICE		
The principal	place of business/mailing address is:		
600 Brickell A	Principal street address ve. Suite 1760	Mailing address, if differ 600 BEICKELL AVE.	ent is: SUITE 1760
Miami FL 331		MIANI FL 33131	
		MACH TE SOUT	
The purpose	II PURPOSE for which the corporation is organized is:		
THE YU	ppose of the corporation	B TO ENGAGE IN AF	14 LAWFUL
ACTIVITY	1 FOR WHICH CORPORATION	S MAY BE ORGANIZ	ED ONDER
	OLIDA BUSINESS CORPORATION		
		<u> </u>	
			10 E
			2 Pa
			- 1
ARTICLE I	IV SHARES		A T
The number of	of shares of stock is: 10,000,000.00		<u> </u>
ARTICLE	V INITIAL OFFICERS AND/OR DIRECT	<u>ors</u>	go) N
Name and T	itle: KEUNETH D. FANTES - CHAIRMAD	me and Title:	
Address:	600 BRICHELL AVE. SUITE1760 AG	ldress:	
	Miami FL 33131		
Name and T	itle: ALEJANDEO REYES - DIRECTORNA	ame and Title:	
Address:	GOO BRICHELL AVE. SUITE 1760 A		
	MIAMI FL 33131		
Name and T	itle: DIDIA S. GONZALEZ-DIZECTOR	ame and Title	
Address:	600 Blickell AVE SUITEHOOM		
Auu 633.		duress:	
	MIAMI FL 33131		

ARTICL	e <u>vi registered agent</u>
The name	and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	LENUETH D. FANTES
Address:	600 BRICHELL AVE. SUITE 1760
	Miami FL 33131
ARTICL.	e vii incorporator and address of the Incorporator is:
Name:	KENDETH D. FANTES
Address:	600 BRICHELL AVE. SUITE 1760
	Miami FL 33131
	ven named as registered agent to accept service of process for the above stated corporation at the place designated in cate, I am familiar with any accept the appointment as registered agent and agree to act in this capacity 04/11/2018
	Required Signature Registered Agent Date
I submit ti document	his document and affirm that the facts stated herein are true. I am aware that any false information submitted in a to the Department of State consistence a third degree felony as provided for in 2.817.155, F.S.
	Required Signature/Incorporator Date

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