

P180000 39053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

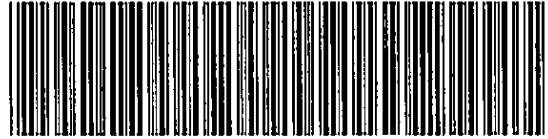
Certified Copies _____ Certificates of Status _____

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18 APR 26 AM 11:04
SECRETARY OF
TALCUM/STP

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: CORE ADVISING GROUP, INC
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:

ILEANA AQUINO

Contact Person

Firm/Company

4982 COVEY TRAIL

Address

BOCA RATON, FL 33487

City, State and Zip Code

ILYAQUINO@GMAIL.COM

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

For further information concerning this matter, please call:

ILEANA AQUINO

at (561) 756 - 4789

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$105.00 Filing Fees ☐ \$113.75 Filing Fees ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of Status and Certified Copy 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

FILED
18 APR 26 AM 11:04
TALLAHASSEE, FL
CLERK OF COURT

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:

CORE ACCOUNTING SERVICES, LLC

L10000094790

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 09/05/2010

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**:

CORE ADVISING GROUP, 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.

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18 APR 26 AM 11:04
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Signed this 23 day of APRIL, 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: Ileana Aquino

Printed Name: ILEANA AQUINO Title: PRESIDENT

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

Signature: Ileana Aquino

Printed Name: ILEANA AQUINO Title: MANAGER

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)

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18 APR 26 AM 11:04
SOUTHERN
FIDELITY & CREDIT CO.
TAMPA, 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: CORE ADVISING GROUP, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

4982 COVEY TRAIL

BOCA RATON, FL 33487

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ILEANA AQUINO, President

Address: 4982 COVEY TRAIL

BOCA RATON, FL 33487

Name and Title: JORGE AQUINO, Director of Technology

Address: 4982 COVEY TRAIL

BOCA RATON, FL 33487

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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18 APR 26 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: ILEANA AQUINO
Address: 4982 COVEY TRAIL
BOCA RATON, FL 33487

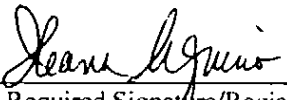
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ILEANA AQUINO
Address: 4982 COVEY TRAIL
BOCA RATON, FL 33487

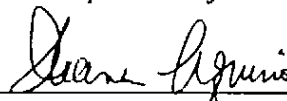
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18 APR 26 AM 11:04
CLERK OF THE COURT
PALM BEACH COUNTY

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

APRIL 23, 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

APRIL 23, 2018
Date