P18000040108

(Requestor's Name)		
(Address)		
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Ви	isiness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
		:

Office Use Only



700307339957

01/05/18--01014--020 **105.00

FILED

18 MAY - L PH 2: 12

SECRETARY OF STATE
FALLAHASSEF, FI ORIGA

MAY 0 4 2018

COVER LETTER

Division of Corporations	
SUBJECT: MV ACCOUNT	TING
Name of Resulting Florida P	
The enclosed Certificate of Conversion, Articles of Incorporation, a Entity" into a "Florida Profit Corporation" in accordance with s. 60	
Please return all correspondence concerning this matter to:	
VIRGINIE BERGERON Contact Person	
Contact Person	
Firm/Company	
3120 W. HALLANDAZE BETKH, Address	BLUD, COT421
HALLANDALE, FZ, 33009	
City. State and Zip Code	
Virgin bergeron@ hotmail. com E-mail address: (to be used for future annual report notification)	on)
For further information concerning this matter, please call:	
VIRGINIE BERGERON at (305) Name of Contact Person Area Coo	200-9147
Name of Contact Person Area Coo	de and Daytime Telephone Number
Enclosed is a cheek for the following amount:	
■ \$105.00 Filing Fees and Certificate of Status	
New Filings Section Division of Corporations Clifton Building	MAILING ADDRESS: New Filings Section Division of Corporations P. O. Box 6327 Fallahassee, FL 32314

Tallahassee, FL 32301

<u>Certificate of Conversion</u>

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.

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:
UIRGINIE BERGERON CCC Enter Name of Other Business Entity 116-1983
Enter Name of Other Business Entity
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 Frokioa (Enter state, or if a non-U.S. entity, the name of the country)
on
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 <u>attached Articles of Incorporation</u>:
MV ACCOUNTING INC
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 12/31/2017 (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.
Page 1 of 2 Page 1 of 2 Page 1 of 2

225		
Signed this 31 day of DECEMBE	<u>R</u> .20 17	
Required Signature for Florida Profit Corporation:		
Signature of Chairman, Vice Chairman, Director, Office neorporator: // burguon. Printed Name: unginus bergerantitle: / RE	er, or, if Directors or Officers have not been	ı selected, an
Required Signature(s) on behalf of Other Business E).]
Signature: Nyyuv		
Printed Name: VIRGINIE BENGERIN	_Title: PRECIDENT	
Signature:		
Printed Name:		
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.	<u>Partnership:</u>	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	<u>Limited Partnership:</u>	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	TAL TAL	=
All others: Signature of an authorized person.	LAHASSE	1- 1748 1-1-1-1
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:		FILED AY-4 PM 2: 12

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

The name of the corporation shall be:	CCOUNTING INC
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
Principal street address 3120 W. HTLANOME BETCHBUL	Mailing address, if different is:
LOT 421	
HALLANDATE, FL 33009	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: WILL THRE EMPLOYEE	S IN A NEAR FUTURE
	18 FALL
	ARE AY
ARTICLE IV SHARES The number of shares of stock is: 100	LED F PH 2:
ARTICLE V INITIAL OFFICERS AND/OR DIR	ECTORS SE SE
Name and Title: VIRGINIE PENGERON DIRECTOR	Name and Title:
Address: 3120 W. HAZLANONIBA	-
LOT421, HALLANDAE, IL 330	
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

Name:	VIRGINIÉ BERGERON	
Address:	3120 W. HALLANDALÉ BERCH	ow
	LOT 421, HALANOME FE 33	300 9
ARTICLE The name	E VII INCORPORATOR and address of the Incorporator is:	-
Name:	VIRGINIE BERGERON	
Address:	3120 W. HARLANDANÉ BEACH	
	LOT 421, HALLANDNE, Fr 3	3009
•	**************************************	**************************************
	Ruguer	12/31/2017
	Required Signature/Registered Agent	Date
	his document and affirm that the facts stated here to the Department of State constitutes a third degr	in are true. I am aware that any false information submitted in see felony as provided for in s.817.155, F.S.
	Vsusuan	12/31/2017
** ·· · · · · · · · · · · · · · · · · ·	Required Signature/Incorporator	Date

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

18 MAY - 4 PH 2: 13
SECRETARY OF STATE
SECRETARY OF STATE