# 1800042439

(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:			

W/8000 13687

MAY 1 1 2018

T. SOOTT



600308535216

02/05/18--81027--011 \*\*60.00

05/07/18--01002--002 \*\*105.00



### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 7, 2018

STEVEN W. COPUS SOUTHTRUST LAW & TILE INC. 1184 EGLIN PARKWAY SHALIMAR, FL 32579

SUBJECT: MOSKOVITZ EAST COAST INC.

Ref. Number: W18000013687

We have received your document for MOSKOVITZ EAST COAST INC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete correct paper work and fee is \$105.,

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 418A00002874

### **COVER LETTER**

TO:	Charter Section Division of Cor				
CI:DI	ECT: MOSKOV	ITZ EAST COAST INC.			
SUDJ	ECT	Name of	Resulting Florida	Profit	Corporation
		e of Conversion, Article Profit Corporation" in ac			ees are submitted to convert an "Other Busines: 15, F.S.
Please	return all corresp	pondence concerning this	s matter to:		
Steven	W. Copus				
	••	Contact Person	_		
Southt	rust Law & Title Ir	ic.			
		Firm/Company			
1184 I	iglin Parkway				
		Address			
Shalin	nar, FL 32579				
		City, State and Zip Cod-	c		
steven	@southtrustlaw.com	m			
	E-mail address: (t	o be used for future annu	ual report notificat	ion)	
For fu	rther information	concerning this matter,	please call:		
Steven	W. Copus		850 at (	609-14	400
<del></del>	Name of Co	ontact Person		de and	Daytime Telephone Number
Enclo	sed is a check for	the following amount:			
<b>S</b> 10	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing and Certified Co		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status
New I Divisi Clifto 2661	ET ADDRESS: Filings Section on of Corporation in Building Executive Center hassee, FL 32301	ns Circle	] ]	New F Divisio P. O. B	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314

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

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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:  MOSKOVITZ EAST COAST LLC
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
(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
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> MOSKOVITZ EAST COAST 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 Floric 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

女	Signed this 17th day of April	. 20 18			
	Required Signature for Florida Profit Corporation:				
	Signature of Chairman, Vice Chairman, Director, Office Incorporator:  Printed Name:Title:		i selected, an		
	Required Signature(s) on behalf of Other Business I		).]		
₡⁄	Signature:				
	Printed Name: David Moskovitz	Title:			
	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: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)			

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

ARTICLE I NAME MOSKOVITZ	EAST COAST INC	
The name of the corporation shall be:		
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
Principal street address 1184 Eglin Parkway	Mailing address	, if different is:
Shalimar, Fl 32579		
	_	
ARTICLE III PURPOSE  The purpose for which the corporation is organize	d is:	
To purchase, invest and convey Florida property and a		
	·-·	
		2018 SEC
		CRET LAH
		AS -
•		SER. 7
ARTICLE IV SHARES 100		CRETARY OF STATE LAHASSEE FLORIDA
The number of shares of stock is:		<u> </u>
ARTICLE V INITIAL OFFICERS AND/O	R DIRECTORS	<u> </u>
Name and Title: David Moskovitz / ST	Name and Title:	
	Name and Title.	
Address: P.O Box 181057	Address:	<del></del>
Arlington Tx 76126		
	<del></del>	
Name and Title:	Name and Title:	
Address:	Address:	
	<del></del>	
Name and Title:	Name and Title:	
Address:	Address:	
Address:		

### 

	E VI REGISTERED AGENT e and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	Steven W. Copus/Southtrust Law & Title Inc
Address:	1184 Eglin Parkway
	Shalimar, FL 32579
ARTICL	
The <u>name</u> Name:	e and address of the Incorporator is:  David Moskovitz
Address:	P.O Bon 18/057
, ( )	Arloghon 14 Nence
******	*****************
	een named as registered agent to accept service of process for the above stated corporation at the place designated i Ticate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
	4/27/18
<del></del>	Required Signature/Registered Agent Steven Cofus [SQ Date
	this document and affirm that the facts stated herein are true. I am aware that any false information submitted in to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
<b>4</b> /	1-17-2018
`	Required Signature/Incorporator Date