# 718000045327

(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:





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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

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MAY 17 2018 T SCHROEDER

#### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

US 4 Developments	Corp		
		<del></del>	
			Y Ari of Inc. File Couversion
<del></del>			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Ficitious Owner Search
0			Vehicle Search
			Driving Record
Requested by: Seth	05/03/18		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
Manie	Date	THIC	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

...

#### US 4 DEVELOPMENTS CORP. C/O: 1390 Brickell Avenue, Suite 200 Miami, Florida 33131

May 14, 2018

I, Jorge R. Scarpino, President of the recently dissolved Florida Corporation: US 4 DEVELOPMENTS CORP. Doc# P17000032067. Hereby State the aforementioned corporation has no desire to file a revocation of dissolution and give permission for another entity to be formed with the same name.

Jorge R. Scarpino, President

## 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:
US 4 DEVELOPMENTS CORP.
Enter Name of Other Business Entity
2. The "Other Business Entity" is a CORPORATION
(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
(Buter state, or if a non-U.S. entity, the name of the country)
OCTOBER 23, 2014
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: US 4 DEVELOPMENTS CORP.
Enter Name of Florida Profit Corporation
Elifet 14stic of Living Livin Collegency

Page 1 of 2

TO MAY -9 AM II: 15
SECRETARY OF STATE FALLAHASSEE, FLORIDA

Signed this 1st day of May		
Required Signature for Florida Profit Corporation	<u> </u>	
Signature of Chairman, Vice Chairman, Director, Offi Incorporator: X Printed Name: Jorga R. Scarpino Title: Pres	icer, or, if Directors or Officers have not been select	ed, an
Required Signature (s) on behalf of Other Business	1	
	kls	
7	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 Signature of one General Partner.	y Parinerahlo:	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	V Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signiture of an authorized person.		7
Presi Cortificate of Conversion: Fees for Florida Articles of Incorporation: Cartified Copy: Cartificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	18 MAY -9 A SECRETARY OF ALLAHASSEE.
	Page 2 of 2	. ¥ <b>≥</b>

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LAHASSEE, FLORIDA

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

ARTICLE I NAME The name of the corporation sh	all be:US 4 DEVELOPMI	ENTS CORP.		_		
ARTICLE II PRINCIP. The principal place of business	AL OFFICE /mailing address is:					
Principal stree	at address	1390 B	Mailing address, if different is:			
Spite 200	<del> </del>	Suite 2	00			
Mismi, Florida 33131		Mismi	Plorida 33131			
ARTICLE III PURPOS. The purpose for which the cor ANY AND ALL LAWFUL BUT	rporation is organized is:					
	·····			TAC 13 S	18 MAY	
				- <del> </del>	YA.	_
				ASA HAI	9	٢
				EEQ.	2	Ţ
				LL S.E	AH 11: 1	*
ARTICLE IV SHARES The number of shares of stock	is:			FLORIDA FLORIDA	15	
ARTICLE V INITIAL O	FFICERS AND/OR DE	RECTORS		- Sm		
	ARPINO - PRESIDENT	Name and Title	MONICA NOVOA GONZALEZ	· VP		
	Avenue, Suite 200	Address:	1390 Brickell Avenue, Suite 200			
Mismi, Florida	33131	<del>-</del> -	Mismi, Plorida 33131			
Name and Title:		Name and Title	e:			
Address:		Address:				
<u>,</u>		 Name and Titl	e:	<del></del>		
Name and Title:		Address:				
Address:						

1 DC DROTE	and Florida street address (P.O. Box NOT acceptab	c) or one teknicion aferica:	
Name:	THREE HILLS CONSULTING LLC		
Address:	19611 NE 18 PL		
	MIAMI, PL 33179		
ARTICL			
THE DRUG	and address of the Incorporator is:		
Name:	MARIO RIBAK		
Address:	19611 NE 18 PL		
	MIAML FL 33179		
<b>******</b>	•••••••••••••••••	hA#\$\$##################################	
eessess Having be this certifi	ren named as registered agent to accept service of projects I am familiar with and accept the appointment a	registered agent and agree to act in this capacity	ignated b
Having be	ren napled as registered agent to accept service of pro icate I am familiar with and accept the appointment a	registered agent and agree to act in this capacity  - 01 - 2018	ignated it
Having be	nen napledas registered agent to accept service of pro	registered agent and agree to act in this capacity	ignated ti
this certifi  I subafit t	ren napled as registered agent to accept service of pro icate I am familiar with and accept the appointment a	registered agent and agree to act in this capacity  S - O 1 - Z - O 1 B  Date  tre true. I am aware that any false information subs	
this certifi  I subafit t	ren napled as registered agent to accept service of processes I am familiar with and accept the appointment a  Required Signature/Registered Agent his document and affirm that the facts stated herein	registered agent and agree to act in this capacity  S - O 1 - Z - O 1 B  Date  tre true. I am aware that any false information subs	

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SECRETARY OF STATE FALL AHASSEE, FLORIDA