

P18000047368

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 23 2018
C. Kinser

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: SOLUTIONS ON TIME 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:

IRMA ARIAS DE POMPEO

Contact Person

SOLUTIONS ON TIME LLC

Firm/Company

5560 SAN GABRIEL WAY

Address

ORLANDO, FLORIDA 32837

City, State and Zip Code

ADMIN@SOLUTIONSTIME.COM

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

For further information concerning this matter, please call:

IRMA ARIAS

at (407) 4088615

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,
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

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:

SOLUTIONS ON TIME, LLC 605-16342

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, USA
(Enter state, or if a non-U.S. entity, the name of the country)

on FEBRUARY 17/ 2005

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**:

SOLUTIONS ON TIME, 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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

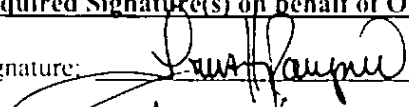
Signed this 10 day of MAY, 2018.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: _____

Printed Name: IRMA ARIAS DE POMPE Title: MANAGER

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

Signature:  _____

Printed Name: IRMA ARIAS DE POMPEO Title: MGR.

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)

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: SOLUTIONS ON TIME INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

5560 SAN GABRIEL WAY

ORLANDO, FLORIDA 32827

Mailing address, if different is:

5560 SAN GABRIEL WAY

ORLANDO, FL 32837

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINES

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ALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: IRMA ARIAS DE POMPEO, MGR

Name and Title: _____

Address: 5560 SAN GABRIEL WAY

Address: _____

ORLANDO, FL 32839

Name and Title: CARLOS L POMPEO, MGR

Name and Title: _____

Address: 5560 SAN GABRIEL WAY

Address: _____

ORLANDO FL 32837

Name and Title: WILLIAM RIVERA, AMBR

Name and Title: _____

Address: 5560 SAN GABRIEL WAY

Address: _____

ORLANDO, FLORIDA 32837

ARTICLE VI REGISTERED AGENT

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

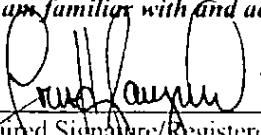
Name: IRMA ARIAS DE POMPEO
Address: 5560 SAN GABRIEL WAY
ORLANDO, FLORIDA 32837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

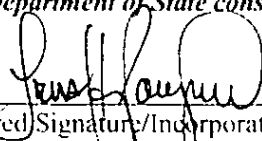
Name: IRMA ARIAS DE POMPEO
Address: 5560 SAN GABRIEL WAY
ORLANDO FLORIDA 32837

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

5/10/2018
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

5/10/2018
Date