01800052011

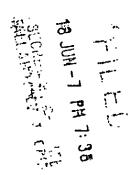
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800314044628

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COVER LETTER

TO: Charter Section

Tallahassee, FL 32301

Division of Corpo	orations				
SUBJECT:	DEVELOPMA Name of F	Fut Dros	ر ر	TNC	
	Name of F	Resulting Florida	Profit (Corporation	
The enclosed Certificate of Entity" into a "Florida Pro				es are submitted to convert 5, F.S.	an "Other Business
Please return all correspon	ndence concerning this	matter to:			
RAMON O,	Contact Person				
	Contact Person				
Ramon	Orlega CPA, Firm/Company	PA			
	Firm/Company	•			
1555 Bonnuca	ture Blud. Sur	Hc 1028			THE JUNE
	Address				
Weston	u, FL 33320	-			SUN-T PH T: 38
C	ity, State and Zip Code	•			هي ۔ ز
E-mail address: (to l	be used for future annu	ণ al report notificat	ion)		
For further information co	oncerning this matter, r	olease call:			
Ranon C			. 465	93/1 ⁻	
Name of Cont	tact Person	Area Co	de and	- 93/1 Daytime Telephone Numb	er
Enclosed is a check for th	e following amount:				
	3\$113.75 Filing Fees nd Certificate of status	□\$113.75 Filing and Certified Co		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Ci	ircle		New Fi Divisio P. O. B	ING ADDRESS: illings Section on of Corporations fox 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:
DP DEVELOPMENT Storp LLC L17000209015 Enter Name of Other Business Entity
·
2. The "Other Business Entity" is a // / / / / / / / / / / / / / / / / /
first organized, formed or incorporated under the laws of Floric/A (Enter state, or if a non-U.S. entity, the name of the country)
on October 9, 2017 Eitechue actuber 5, 2017. Enter date "Other Business Entity" was first organized, formed or incorporated
Enter date "Other Business Entity" was first organized, formed or incorporated
 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:
DP DEVELOPMENT ALOUD TNC. Enter Name of Florida Profit Corporation
Enter Name of Elorida Profit Corporation
5. If not effective on the date of filing, enter the effective date:
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.

Page 1 of 2

18 JUN -7 PH 7: 38

· · · · · · · · · · · · · · · · · · ·	an # 10
Signed this day of	. 20 💆 / 5
Required Signature for Florida Profit Corporati	ion:
Signature of Chairman, Vice Chairman, Director Concorporator: Pedes del Piwo Derinted Name: Pedes del Au Title: 1	Officer, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Busine	ess Entity: [See below for required signature(s).]
Signature:	
Printed Name: /Echo de (Pisso	Title: President
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 Liabi Signature of one General Partner.	ility Partnership:
If Florida Limited Partnership or Limited Liabi Signatures of <u>ALL</u> General Partners.	ility Limited Partnership:
f Florida Limited Liability Company: Signature of a Member or Authorized Representati	ve.
All others: Signature of an authorized person.	

Page 2 of 2

\$35.00

\$70.00

\$8.75 (Optional)

\$8.75 (Optional)

Fees:

Certificate of Conversion:

Certified Copy:

Certificate of Status:

Fees for Florida Articles of Incorporation:

SECULTATION OF SECULT

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: DP DE U	ElasuEnt Gross INC
The name of the corporation shall be	The state of the s
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
The principal place of ousiness/maining address is.	
Principal street address 4265 E 1/ACE	Mailing address, if different is:
BA95	BAYS
BAYS HialEAH FL 33013	HINTEAH FL 330/3
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
	<i>i</i>
ANY LEGAL BUSINESS Dernite	d IN THE STATE OF YOURS
ARTICLE IV SHARES	
The number of shares of stock is: ONE Million	(#1,000,000.00)
ARTICLE V INITIAL OFFICERS AND/OR DIRE	CCTORS
Name and Title: PEdro del Pivo Preside	/Name and Title:
Address: 670 E 56 sheef	Address:
HickenH FL 35013	Address:
Name and Title: FEderico del Piso VP	Name and Title:
Address: 4265 E 11 AVE	Address:
HiAlENh FL 33013	
Name and Title: LAZANO del Pius	Name and Title:
Address: 4.965 E 1/ AUE	Address:
HinlEAH FL 33012	

The name	and Florida street address (P.O. Box NOT	acceptable) of the registered agent is:
Name:	Acho del Pino	
Address:	670 F SG STREET	
	HINIENH FL 37013	
	E VII INCORPORATOR	
The name	and address of the Incorporator is:	
Name:	Pedro del Pino	
Address:	670 E 56 Street	
	HiAlTAH FL 33013	
*****	***************************************	******
Having be this certifi	een named as registered agent to accept servicate, Fam Jamiliar with and accept the appo	ice of process for the above stated corporation at the place designated in intment as registered agent and agree to act in this capacity
	J-un	<u>6.5.78</u>
	Required Signature/Registered Agent	Date
		d herein are true. I am aware that any false information submitted in a degree felony as provided for in s.817.155, F.S.
		6.5.18
,	Required Signature/Incorporator	Date

ARTICLE VI REGISTERED AGENT

18 JUN - 7 PM 7: 36