

P18020053004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

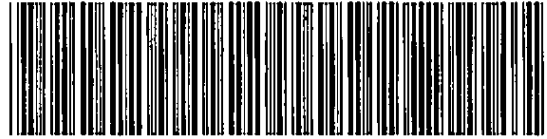
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JUN 14 2018



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18 JUN 13 PM 1:56  
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FBI

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** ESTATE MANAGEMENT INVESTMENT 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:

Beatrice Zabala

Contact Person

Firm/Company

5018 FAIRHAVEN LN

Address

NAPLES, FL 34109

City, State and Zip Code

zabalabeatriz@hotmail.com

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

For further information concerning this matter, please call:

Beatrice Zabala

at (239) 404 7680

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees ☐ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☐ \$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

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18 JUN 13 PM 1:57  
TALLAHASSEE, FL

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:

ESTATE MANAGEMENT INVESTMENT LLC

L16-174666

Enter Name of Other Business Entity

2. The "Other Business Entity" is a ESTATE MANAGEMENT INVESTMENT INC  
(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 SEPTEMBER 19, 2016

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:

FLORIDA

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

ESTATE MANAGEMENT INVESTMENT INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: APRIL 18, 2018

(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, FL

Signed this 18 day of APRIL, 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: Norma Castillo  
Printed Name: NORMA CASTILLO Title: PRESIDENT

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

Signature: Norma Castillo  
Printed Name: NORMA CASTILLO 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 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)

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

**ARTICLE I    NAME**      ESTATE MANAGEMENT INVESTMENT INC  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II    PRINCIPAL OFFICE**  
The principal place of business/mailling address is:

Principal street address  
5018 Fairhaven Ln, Naples, FL 34109  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address, if different is:  
5018 Fairhaven Ln, Naples, FL 34109  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III    PURPOSE**  
The purpose for which the corporation is organized is:  
ALL AREAS RELATED TO REAL ESTATE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV    SHARES**      100  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:    NORMA CASTILLO  
Address:    5018 FAIRHAVEN LN  
              NAPLES, FL 34109  
              \_\_\_\_\_  
              \_\_\_\_\_

Name and Title:    PRESIDENT  
Address:    \_\_\_\_\_  
              \_\_\_\_\_  
              \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address:    \_\_\_\_\_  
              \_\_\_\_\_  
              \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address:    \_\_\_\_\_  
              \_\_\_\_\_  
              \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address:    \_\_\_\_\_  
              \_\_\_\_\_  
              \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address:    \_\_\_\_\_  
              \_\_\_\_\_  
              \_\_\_\_\_

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SEC. OF STATE  
ALL

**ARTICLE VI REGISTERED AGENT**

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

Name: Beatrice Zabala  
Address: 5018 Fairhaven Ln  
Naples, FL 34109

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Norma Castillo  
Address: 5018 Fairhaven Ln.  
Naples, FL 34109

\*\*\*\*\*  
*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*

Beatrice Zabala

Required Signature/Registered Agent

4/18/18

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.*

Norma Castillo

Required Signature/Incorporator

4/18/18

Date

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TALLAHASSEE