

P1480057258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

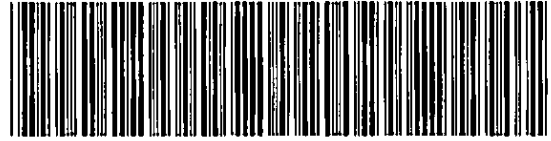
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18 JUN 25 PM 7:03
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FALL ARMY

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: GODX CONSULTING AND SOLUTIONS, 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:

JULIANA FRANCA

Contact Person

ELO ENTERPRISES, INC

Firm/Company

4700 NW BOCA RATON BLVD, STE 202

Address

BOCA RATON, FL - 33431

City, State and Zip Code

JULIANA@ELOENTERPRISES.US

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

For further information concerning this matter, please call:

ROSANE.PRADO@GMAIL.COM

at (508) 681 2184

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 checked="" 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

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Sec. of State
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:

GODX CONSULTING AND SOLUTIONS INC

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

on 06/09/2017

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:

N/A

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

GODX CONSULTING AND SOLUTIONS 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 31 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: ROSANE DO PRADO Title: PRESIDENT

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

Signature: _____

Printed Name: ROSANE DO PRADO 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:

Fees for Florida Articles of Incorporation:

Certified Copy:

Certificate of Status:

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18 JUN 25 PM 7:03
CLERK OF COURT
JULIA M. BROWN

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: GODX CONSULTING AND SOLUTIONS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address
1015 EAST SUNRISE BLVD APT 307

FORT LAUDERDALE, 33304

Mailing address, if different is:
1015 EAST SUNRISE BLVD APT 307

FORT LAUDERDALE, 33304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS PURPOSE.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROSANE DO PRADO - PRESIDENT

Address: 1015 EAST SUNRISE BLVD APT 307
FORT LAUDERADE, 33304

Name and Title: ANA PAULA INACIO

Address: 1015 EAST SUNRISE BLVD APT 307
FORT LAUDERADE, 33304

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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ARTICLE VI REGISTERED AGENT

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

Name: ELO ENTERPRISES, INC
Address: 4700 NW BOCA RATON BLVD STE 202
BOCA RATON, FL 33431

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: ROSANE DO PRADO
Address: 1015 EAST SUNRISE BLVD APT 307
FORT LAUDERADE, 33304

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

05/31/2018
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

05/31/2018
Date

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18 JUN 25 PM 7:03
TALLAHASSEE, FL
SECRETARY OF STATE