

P18000064814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

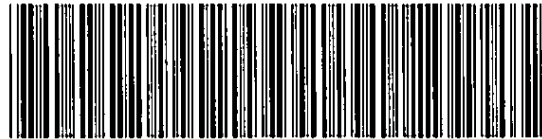
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

M. MOON

JUL 26 2018



600314511686

06/18/18--01017--007 **30.00

07/25/18--01014--008 **75.00

W18-58137

FILED

18 JUL 23 PM 6:22

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Pro Haas Management, Corp.
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:

Caridad Triana
Contact Person

Pro Haas Management, Corp.
Firm/Company

3383 NW 75th St 200
Address

Miami, FL 33125
City, State and Zip Code

C.TRIANA@prohaas.edu
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Caridad Triana at (305) 442-6011
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

* We sent the ck # 1365 \$ 30.00 first 06-06-18
which was already paid we are sending now
attach the ck # 75.00 to cover the rest of the
conversion charge of \$105.00

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:

Pro Hares Management, LLC.

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC.

(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

05/07/2013

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**:

Pro Hares Management, Corp.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 07/12/2018

(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.

FILED
18 JUL 23 PM 6:52

Signed this 12 day of July, 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: Silvia P. Funes

Printed Name: Silvia P. Funes Title: Accountant & Tax Preparer

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

Signature: [Signature]

Printed Name: Careless Triana 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)

16 JUL 23 PM 6:22
F.L.

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:

Pro Hands Management, Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
3383 NW 75th St Ste 200
Miami, FL 33125

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

18 JUL 28 PM 6:22
F11

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: *Caridad Triona - President*

Address: *NW 50th Ave*
Miami, FL 33144

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Amel Arias
Address: 15678 SW 10 st
Miami, FL 33194

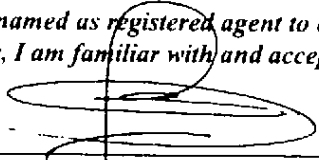
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Silvia Rosa Fernandez
Address: 9383 NW 7st
Miami, FL 33125

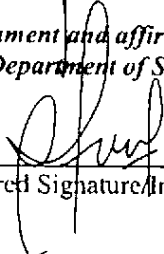
18 JUL 23 PM 6:23
FILED

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

07/12/2018
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

07/12/2018
Date