

Pigueno 70325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECTION 7
FALLS CHURCH, VA

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: BONDEZZ LLC

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:

JOSEPH SCIVOLETTO

Contact Person

BONDEZZ LLC

Firm/Company

2210 NW 68TH AVE

Address

MARGATE, FL 33063

City, State and Zip Code

ALFREDFERNAN@GMAIL.COM

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

For further information concerning this matter, please call:

ALFRED FERNANDEZ, CFO at (786) 487-9367

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 checked="" 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

18 AUG 15 AM 9:58
TALLAHASSEE, FL
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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:

BONDEZZ LLC

L15000000713

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

on JANUARY 2, 2015

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:**

BONDEZZ CORP

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 01/01/2018

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

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.

Signed this 2nd day of August, 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: Joseph Scivoletto

Printed Name: JOSEPH SCIVOLETTO Title: AUTHORIZED REPRESENTATIVE

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

Signature: Joseph Scivoletto

Printed Name: JOSEPH SCIVOLETTO Title: AUTHORIZED REPRESENTATIVE

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)

18 AUG 15 AM 9:53
STATE OF FLORIDA
TALLAHASSEE

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: BONDEZZ CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

2210 NW 68TH AVE

MARGATE, FL 33063

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000 COMMON SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSEPH SCIVOLETTO

Name and Title: DIRECTOR/CEO

Address: 2210 NW 68TH AVE

Address: _____

MARGATE, FL 33063

Name and Title: ALFRED FERNANDEZ

Name and Title: DIRECTOR/CFO

Address: 721 N PINE ISLAND RD

Address: _____

PLANTATION, FL 33024

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

18 AUG 15 AM 9:53
STATE OF FLORIDA
TALLAHASSEE

ARTICLE VI REGISTERED AGENT

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

Name: JOSEPH SCIVOLETTO
Address: 2210 NW 68TH AVE
MARGATE, FL 33063

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JOSEPH SCIVOLETTO
Address: 2210 NW 68TH AVE
MARGATE, FL 33063

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

Joseph Scivoletto

Required Signature/Registered Agent

08/12/2018

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.

Joseph Scivoletto

Required Signature/Incorporator

08/12/2018

Date

18 AUG 15 AM 9:59
FALL ARLING
SOUTH FLORIDA
STATE DEPT