P18000 76528

(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 SEP 11 2018



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TALE A DESCRIPTION

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COVER LETTER ...

TO: Charter Section Division of Corp				
SUBJECT:	Kanto C	oraulting LL	<u> </u>	-
	Name of I	Resulting Florida Profi	t Corporation	
The enclosed Certificate Entity" into a "Florida P			fees are submitted to conv 115, F.S.	ert an "Other Business
Please return all corresp	ondence concerning this	matter to:		
Kei	sla Hall			
•	Contact Person			
				70 6 m
	Firm/Company			
130	125 Carlton	Dive		0
``	Address			18 SEP 10 AH 10:56
-	Davie FC	33330		* J. 55
	City, State and Zip Code	:	T . +	zd an
E-mail address: (to	be used for future annu	Whop .Com hall report notification)	Scorp	rd an not all C
For further information	concerning this matter, p	please call:		
	Keish Hall	(at (305) 91	12/190	_
Name of Co	ntact Person	Area Code ar	nd Daytime Telephone Nu	mber
Enclosed is a check for	the following amount:			
□ \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	☐\$113.75 Filing Feet and Certified Copy	s = \$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building		New Divis P. O.	LING ADDRESS: Filings Section sion of Corporations Box 6327	
2661 Executive Center	Circle	Talla	hassee, FL 32314	

Tallahassee, FL 32301

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 Busin	ness Entity" immediate	ely prior to the fi	ling of this Certificate of	of Conversion is:
Kanto	Consulting	LLC	L15001	98124
	Enter Name	of Other Busine	ss Entity	8 St.
The "Other Business Entity" (Enter engeneral) first organized, formed or incorp (I	ity type. Example: lipartnership, common lorated under the laws	imited liability collaw or business to FC	ompany, limited partner rust, etc.)	of Conversion is: 98124 School Ship.
on Enter date 3. If the jurisdiction of the "Other to the control of the c	Other Business Entity er Business Entity" wa	17, 2016 ty" was first orga	nized, formed or incorp	orated
4. The name of the Florida Profi	it Corporation as set fo		ned Articles of Incorpo	
	Enter Name o	of Florida Profit C	Corporation	 -
5. If not effective on the date of (The effective date: Cannot be Department of State.) Note: If the date inserted in this listed as the document's effective	e prior to nor more the block does not meet t	han 90 days afte the applicable sta	r the date this docume atutory filing requiremen	

•		
Signed this . 6 day of September	. 20_ 18	
Required Signature for Florida Profit Corporation:		
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Printed Name: Keiska Hall Title: Pre	cer. or, if Directors or Officers have not bee	n selected, an
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(s	3).]
Signature: Juffad		-
Printed Name: Keisha Hall	Title:	_
Signature:		_
Signature: Printed Name: Signature:	Title:	10 SEP 10
Signature:		THAT SEP
Printed Name:	Title:	
Signature:		F. 10.56
Printed Name:	Title:	r σ
Signature:		_
Printed Name:		-
Signature:		-
Printed Name:	Title:	-
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:	
<u>If Florida Limited Partnership or Limited Liability</u> Signatures of <u>ALL</u> General Partners.	Limited Partnership:	
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:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

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

The name of the corporation	£ (1 i)	ito Ca	nsultr	y Corpor	ackiori	
ARTICLE II PRINC The principal place of busin	CIPAL OFFICE ness/mailing address is:					
Principal:	street address		h	Mailing address,	if different	is:
13-175	cart on Drive					
Davie, 1	FC 35330					
ARTICLE III PURP						
ine purpose for which the	corporation is organized is:		A 60	a aldress a	1000	a Sa
	Personal Ser. Iuil pro	VICE-	01/2	CABOUT)		-aco corpo
	Zull pro	vdl_	accou	inting sen	rices.	
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						. 20
ARTICLE IV SHARI The number of shares of sto		100)			
APTICLE V INITIAL	L OFFICERS AND/OR D					
	V 200 - 11-11			Directo		
Name and Title:			e and Title:	411 (2010)	•	
Address:	13925 CarltmD Davic FL 33330	Addr	ess: _	<u>. </u>		
	Davie FL 33330	<u> </u>				
Vame and Title:		Name	and Title:			
			_	•		
		— Name				
Idress:		Addr	ess: _	· -		_

The name and	Florida street address (P.O. Box NOT acceptable) of t	he registered agent is:
Name:	Leisha Hari	
Address:	13925 Car Hm Drive	
·	Davie, Pl 33330	
ARTICLE V		
The <u>name and</u>	laddress of the Incorporator is:	
Name:	Reosha Heill	
Address:	13925 Carltmorne	
	Dave FC 33330	
	named as registered agent to accept service of process for a large transfer of the comment as registered.	**************************************
	2/1/fur	9/6/19
Re	equired Signature/Registered Agent	Date
	document and affirm that the facts stated herein are tru he Department of State constitutes a third degree felony	ne. I am aware that any false information submitted in a as provided for in s.817.155, F.S.
	Suffac	9/6/13
Re	equired Signature/Incorporator	Date

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