

P1806009SS80

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

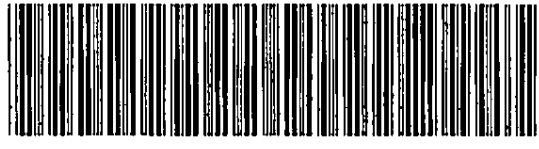
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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STOCK MARKET
FALL MARKET

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COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: BAMBINI'S KINGDOM 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:

MARIA G RODRIGUEZ

Contact Person

BAMBINI'S KINGDOM LLC

Firm/Company

551 SW BETHANY DRIVE

Address

PORT ST LUCIE, FL. 34986

City, State and Zip Code

bambiniskingdom @live.com

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

For further information concerning this matter, please call:

MARIA G RODRIGUEZ

at (772) 361-3443

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|----------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input checked="" 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 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

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:

BAMBINI'S KINGDOM LLC

412-109037

Enter Name of Other Business Entity

2. The "Other Business Entity" is a BAMBINI'S KINGDOM 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 USA

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

on 08/24/2012

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:**

BAMBINI'S KINGDOM INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____

(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.

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STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Signed this 01 day of APRIL, 2017.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Maria G Rodriguez

Printed Name: MARIA G RODRIGUEZ Title: P

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

Signature: Maria G Rodriguez

Printed Name: MARIA G RODRIGUEZ Title: P

Signature: Elvis Lopez

Printed Name: ELVIS LOPEZ Title: VICE.P

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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State of Florida
Tallahassee, Florida
60

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: BAMBINI'S KINGDOM INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

551 SW BETHANY DRIVE

PORT ST LUCIE, FL 34986

Mailing address, if different is:

551 SW BETHANY DRIVE

PORT ST LUCIE, FL 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation was established to provide childcare services from 0 to 5 years to the nearby community.

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA G RODRIGUEZ

Address: 551 SW BETHANY BLVD

PORT ST LUCIE, FLORIDA 34986

Name and Title: P

Address:

Name and Title: ELVIS LOPEZ

Address: 551 SW BETHANY BLVD

PORT ST LUCIE, FL 34986

Name and Title: VICE.P

Address:

Name and Title:

Address:

Name and Title:

Address:

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CLERK OF CIRCUIT COURT
JANUARY 1, 2019

ARTICLE VI REGISTERED AGENT

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

Name: MARIA G RODRIGUEZ
Address: 2337 NW PADOVA ST
PORT ST LUCIE, FL 34986

ARTICLE VII INCORPORATOR

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


Name: MARIA G RODRIGUEZ
Address: 2337 NW PADOVA ST
PORT ST LUCIE, FL 34986

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

04/01/2017
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

04/01/2017
Date

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA
DP