P1800097554

(Requestor's Name)
4444444
(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:

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COVER LETTER

TO: Charter Section

Tallahassee, FL 32301

Division of Corporations					
SUBJECT: ONE SOLUTION AD	VISORS INC				
300312011	Name of Res	ulting Florida P	rofit Corporat	tion	
The enclosed Certificate of Conv Entity" into a "Florida Profit Conv				abmitted to conver	rt an "Other Business
Please return all correspondence	concerning this ma	itter to:			
John D Toliuszis					
Cont	act Person				
ONE DEALER SOLUTION LLC					
Firm	/Company				
12855 Epping Way					
,	Address				
Fort Myers FL 33913					
City, Sta	te and Zip Code				
mgiselle2020@gmail.com					
E-mail address: (to be used	for future annual r	eport notification	on)		
For further information concerni	ng this matter, plea	se call:			
Maria G Fernandez	at	239	236758		
Name of Contact Per		Area Cod	e and Daytim	e Telephone Num	ber
Enclosed is a check for the follow	wing amount:				
■ \$105.00 Filing Fees □\$113. and Cert Status		\$113.75 Filing d Certified Cop	y Certific	50 Filing Fees, ed Copy, and cate of Status	
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle		N D P	ew Filings Se ivision of Cor O. Box 6327 allahassee, FL	ction rporations	

L1500014484

Certificate of Conversion For "Other Business Entity" Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115. Florida Statutes.

ONE DEALER SOLUTION LLC	
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	
(Enter state, or if a non-U.S. entity, the name of the country)	
01/26/2015 on	
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 whorganized, formed or incorporated:	nich it is now
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:	
ONE SOLUTION ADVISORS INC	
Enter Name of Florida Profit Corporation	
5. If not effective on the date of filing, enter the effective date: [12/01/2018]	
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed b Department of State.)	y the Florida
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.	

Page 1 of 2

Signed thisday of	. 2018
Required Signature for Florida Profit Corporation	
Signature of Chairman, Vice Chairman, Director, Off	icer, or, if Directors or Officers have not been selected, an
Incorporator: Printed Name: Maria Formandez Title: President	ent
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(s).]
Simulation of the state of the	
	MGR MBR
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	-
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
<u>If Florida General Partnership or Limited Liabilit</u> Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y 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)

ARTICLE I NAME The name of the corporation shall be:	N ADVISORS INC
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
2855 Epping Way	
Fort Myers F1, 33913	
ARTICLE III PURPOSE	
he purpose for which the corporation is organized	is:
All legal and lawful purposes	
	
_	
•	
ARTICLE IV SHARES 100	
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR	R DIRECTORS
Name and Title: Maria G Fernandez President	John D Toliuszis Vice President Name and Title:
19113 Pine Run Lane	12855 Epping Way
Address:	Address:
Fort Myers FL 33967	Fort Myers FL 33913
Name and Title:	Name and Title:
	A 1.1
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

	e and Florida street address (P.O. Box NOT acceptal	ole) of the registered agent is:
Name:	Maria G Fernandez	
Address:	19113 Pine Run Lane	
	Fort Myers FL 33967	
ARTICL		
The <u>name</u>	and address of the Incorporator is:	
Name:	Maria G Fernandez	
Address:	19113 Pine Run Lane	
	Fort Myers FL 33967	

	een named as registered agent to accept service of pricate, I am familiar with and accept the appointment	ocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
		11/20/2018
	Required Signature/Registered Agent	Date
I submit t	his document and affirm that the facts stated herein	are true. I am aware that any false information submitted in a
	to the Department of State constitutes a third degree	
		11/20/2018
	Required Signature/Incorporator	Date