(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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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	į	ACCOUNT NO.	:	1200000	000195				
		REFERENCE	:	553108	4336	650			
	AU'	THORIZATION	:	Sorell	Den	ean			
		COST LIMIT	:	\$ 100	00				
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		EFFECTI	VE I	DATE:				CRETA	
(CERTIF	ES OF INCOR ICATE OF LI ES OF ORGAN	MITI	ED PARTN	ERSHIP			TARY OF STATE	
PLEASE 1	RETURN	THE FOLLOW	ING	AS PROC	F OF F	ILING:		5	•
XX	PLAIN	FIED COPY STAMPED CO FICATE OF G		STANDIN	IG			-	
CONTACT	PERSON	N: Linda S	nool	< - EXT.	63235				

EXAMINER'S INITIALS:

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:
SALTO CORP.
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
(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)
June 1, 2000
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:
Florida Salto Corp.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: (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.

Page 1 of 2



Signed this 20th day of December	, 20		
Required Signature for Florida Profit Corporatio			
Signature of Chairman, Vide Chairman Director, Of Incorporator: Printed Name: Octavio Muza Duerto Title:	ficer, or, if Directors or Officers have r	not been selected, an	
Required Signature(s) on behalf of Other Busines	s Entity: (See below for required sign	nature(s).]	
Signature: / www.cod			
Printed Name: Ariendes Maza Duerto	Title:		
Printed Name: Printed Name:	Title:		
Signature: with			
Printed Name: Anice Carolina Maza Duerto	Title:		
Signature:			
Printed Name: Octavio Naza Duerto	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:		
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	2.	. 77	hitt:
All others: Signature of an authorized person.		F SECKET	
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)	20 AHII: 42 ARY OF STATE SSEE, FLORIDA	

Page 2 of 2

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

ARTICLE I	NAME Florida Salto C	Corp.		
The name of th	e corporation shall be:		. <u>-</u>	
ARTICLE II	PRINCIPAL OFFICE			
The principal p	lace of business/mailing address is:			
	Principal street address		Mailing address, if different is	; :
799 Crandon Bl		1200 Br	ickell Ave.	
Apt. 601		Stc. 141	0	
Key Biscayne,	FL 33149	Miami,	FL 33131	
ARTICLE II. The purpose fe	I PURPOSE or which the corporation is organized is:			
To engage in	any and all lawful business or activity permitted t	ender the laws of the	he United States and the State of	Florida.
				18 SE AL
		 		L CORE
				<u> </u>
				- SSN - O -
				AH II: 42
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				是 5
ARTICLE II	V SHARES 50,000 shares of common shares of stock is:	stock		
ARTICLE V	V INITIAL OFFICERS AND/OR DIRE	CTORS		
Name and Tit	Aristides Maza Duerto, Director	Name and Title	Jenice Carolina Maza Duerto	Director
Address:	765 Crandon Blvd., Apt. 412	Address:	781 Crandon Blvd., Apt. 302	
	Key Biscayne, FL 33149		Key Biscayne, FL 33149-2544	
Name and Til	tle: Orianna Maza Duerto, Director and Secretary	Name and Title	e: Octavio Maza Duerto, Director	r and President
Address:	799 Crandon Blvd., Apt. 601	Address:	739 Crandon Blvd., Apt. 502	
	Key Biscayne, FL 33149		Key Biscayne, FL 33149	
Name and Ti	tie:	Name and Titl	e:	
4 1 1		Address:		
Address:		Audicss.		

ARTICL	E VI REGISTERED AGENT	LLN Cally we statement against the
The name	and Florida street address (P.O. Box NOT accept	able) of the registered agent is.
Name:	Octavio Maza Duerto	
Address:	739 Crandon Blvd., Apt. 502	
	Key Biscayne, FL 33149	
ARTICL	E VII INCORPORATOR	
	and address of the Incorporator is:	
Name:	Octavio Maza Duerto	
Address:	739 Crandon Blvd., Apt. 502	
	Key Biscayne, FL 33149	
*******		*******
Having be this certif	een named as registered agent to accept service of icate, I am familiap with and accept the appointme	process for the above stated corporation at the place designated in ut as registered agent and agree to act in this capacity
-	1) July	
	1	12/20/2018
·	Required Signature/Registered Agent	Date
I submit	this document and affirm that the facts stated here	in are true. I am aware that any false information submitted in a
documen	to the Department of State constitutes a third degi	ee felony as provided for in s.817.155, F.S.
		22/20/2019
		12/20/2018
	Required Signature/Incorporator	Date

FILED

18 DEC 20 AM II: 42

SECRETARY IS STAIN TALLAHASSEE FRADIA

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