P19000011798

(Reque	stor's Name)	
(Addres	s)	
(Addres	es)	
(City/St	ate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)	
(Docum	nent Number)	.
Certified Copies	Certificates of	Status
Special Instructions to Filin	g Officer:	

Office Use Only



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SECRETARY OF STATE

FALLAHAS SEE FISTALE

FEB 1 2 2019

COVER LETTER

Division of Co					
SUBJECT: Home Barg	ains Inc.				
	Name of	Resulting Floric	la Profit	Corporation	
	te of Conversion, Article Profit Corporation" in ac			ees are submitted to convert an 15, F.S.	"Other Business
Please return all corres	pondence concerning thi	s matter to:			
Melanie Reichman					
	Contact Person		_		
Home Bargains Inc.					
	Firm/Company		_		
2001 Biscayne Blvd — S	Suite 117-345				
	Address		_		
Miami, Florida 33137					
	City, State and Zip Cod	e	-		
homebargainsine@gmail.	.com				
E-mail address: (t	o be used for future annu	ual report notific	ation)		
For further information	concerning this matter,	please call:			
Melanic Reichman		914 _at (266-2	136	
Name of Co	ontact Person		Code and	Daytime Telephone Number	
Enclosed is a check for	the following amount:				
■ \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filin and Certified C		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building 2661 Executive Center			New F Division P. O. E	ING ADDRESS: illings Section on of Corporations lox 6327 assee, 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 Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Home Bargains Inc.
Enter Name of Other Business Entity
2. The "Other Business Entity" is a S Corporation
2. The "Other Business Entity" is a S Corporation (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 New York (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
10/28/14 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 which it is now organized, formed or incorporated:
n/a
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: Home Bargains Inc.
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

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9ECRETARY OF STATE
TALLAHAS SEE, FLORIDA

Signe	d thisday of	. 20 19	
Requi	ired Signature for Florida Profit Corporation	<u>ı:</u>	
Signat Incorp Printe	ture of Chaimhan, Vice Chaimhan, Director, Off porator: What Cuttor d Name: Melanie Reichman Title: Direct	icer, or, if Directors or Officers have not bee	in selected, an
Requi	ired Signature(s) on behalf of Other Business	Entity: [See below for required signature(s).]
Signar	eure: Melanie Leur		-
Printe	d Name:	Title: Director	-
Signat	ture:		_
Printe	d Name:	Title:	_
Signat	ture:		.
Printe	d Name:	Title:	-
Signat	ure:		_
Printe	d Name:	Title:	
Signat	ure:		
Printed	d Name:	Title:	
Signat	ure:		
Printee	d Name:	Title:	
<u>(f Flor</u> Signac	rida General Partnership or Limited Liabilit ure of one General Partner.	v Partnership:	
<u>If Flor</u> Signat	rida Limited Partnership or Limited Liability ures of <u>ALL</u> General Partners.	v Limited Partnership:	
	rida Limited Liability Company: ure of a Member or Authorized Representative.		
<u>All otl</u> Signat	ners: ure 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: Home Bargains Inc.		
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
Principal street address		Mailing address, if different is:
2001 Biscavne Blvd		
Suite 117-345		
Miami, FL 33137		
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:		
o engage in any lawful actifity for which an S Corporation n	nay be incorposted	in this state
		
	· 	
ARTICLE IV SHARES 200		
he number of shares of stock is:		
ARTICLE V INITIAL OFFICERS AND/OR D	IRECTORS	
		5
Name and Title: Melanic Reichman, Director / VP	Name and '	Title: Paul Reichman, PD
Address: 2001 Biscayne Blvd. Suite 117-345	Address:	2001 Biscayne Blvd Suite 117-345
Miami, FL 33137		Miami, FL 33137
Same and Title:	Name and '	Title:
Address:	Address:	
	_	
Same and Title:	Name and	Title:
ddress:	Addroser	
Aut Coo.	Address.	
	_	
.ddress:	• • • • • • • • • • • • • • • • • • • •	

	LE VI REGISTERED AGENT e and Florida street address (P.O. Box NC	OT acceptable) of the registered agent is:
Name:	Melanie Reichman	
Address:	2001 Biscayne Blvd Suite 117-345	-
	Miami, FL 33137	_
ARTICL The name	LE VII INCORPORATOR e and address of the Incorporator is:	
Name:	Melanie Reichman	
Address:	2001 Biscayne Blvd Suite 117-345	
	Miami, Fl. 33137	
******	**********	****************
Having be this certifi	een named as registered agent to accept se icate. I am familiar with and accept the app	rvice of process for the above stated corporation at the place designated in pointment as registered agent and agree to act in this capacity
_M	lance Roselmon	1/20/19
	Required Signature/Registered Agent	` Date ¹
l submit t document	this document and affirm that the facts st <mark>a</mark> t to the Department of State consti <mark>tutes a</mark> th	ted herein are true. I am aware that any false information submitted in a sird degree felony as provided for in s.817.155, F.S.
	danukaul	1/20/19
'	Required Signature/Incorporator	Date