

P19000014891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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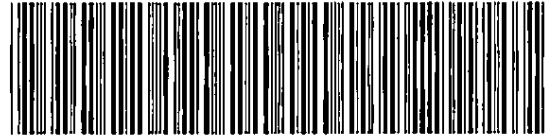
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

Q MISSION LLC

(Corporation Name)

(CONVERSION)

(Document #)

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

(Corporation Name)

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Certificate of Status

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:

Q MISSION LLC

617-183005

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 FLORIDA

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

on AUGUST 25, 2017

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**:

Q MISSION CORP.

Enter Name of Florida Profit Corporation

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

(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.

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STATE DEPT. OF STATE
TALLAHASSEE, FLORIDA

Signed this 14 day of FEBRUARY, 2019

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: [Signature]
Printed Name: Alberto L. Roncallo Title: President

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

Signature: [Signature]
Printed Name: John Maya Title: Authorized Representative / MGR

Signature: [Signature]
Printed Name: Alberto Luis Roncallo Title: Member

Signature: [Signature]
Printed Name: Marina Cuervo Title: Member

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.

- Certificate of Conversion:
- Fees for Florida Articles of Incorporation:
- Certified Copy:
- Certificate of Status:

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 STATE OF FLORIDA
 TALLAHASSEE COUNTY

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: Q MISSION CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
18001 NORTH BAY ROAD
APT 407
SUNNY ISLES, FL 33160

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RONCALLO, ALBERTO L. PRES/DIR
Address: 17301 BISCAYNE BLVD., APT 2015
AVENTURA, FL 33160

Name and Title: _____
Address: _____

Name and Title: MAYA, JOHN VICE PRESIDENT/DIR
Address: 18001 NORTH BAY ROAD, APT 407
SUNNY ISLES, FL 33160

Name and Title: _____
Address: _____

Name and Title: CUERVO, MARJNA SEC/DIR
Address: 17301 BISCAYNE BLVD., APT 2015
AVENTURA, FL 33160

Name and Title: _____
Address: _____

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TALLAHASSEE

ARTICLE VI REGISTERED AGENT

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

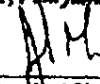
Name: MAYA JOHN
Address: 18001 NORTH BAY ROAD, APT 407
SUNNY ISLES, FL 33160

ARTICLE VII INCORPORATOR

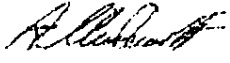
The name and address of the incorporator is:

Name: ALBERTO L RONCALLO
Address: 17301 BISCAYNE BLVD, APT 2015
AVENTURA, FL 33160

.....
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

 2/14/2019
Required Signature/Registered Agent 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.

 2/14/2019
Required Signature/Incorporator Date

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA