## P19000023070

(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:				
<b>'</b>				





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SECRETARY OF STATE

## COVER LETTER

Tallahassee, FL 32301

TO:	Charter Section Division of Corporations					
SURI	ECT:					
3003	LC1	Name of Result	ing Florida	Profit (	Corporation	
	nclosed Certificate of Conversio " into a "Florida Profit Corporal				es are submitted to convert an "Oth 5, F.S.	ier Business
Please	e return all correspondence conc	erning this matte	r to:			
Syed	U. Zafor CPA					
	Contact P	'erson				
Syed	U Zafar CPA Inc					
	Firm/Con	npany				
<b>3900</b>	SW 74th Cour					
<del></del>	Addre	:5\$				
Miani	n, Florida 33143					
	City, State and	d Zip Code				
syed((	ghtzepa.com					
*- <del></del>	E-mail address: (to be used for t	future annual rep	ort notificat	ion)		
For fi	arther information concerning th	is matter, please	call:			
Syed	U Zafor, CPA	at (	05	773-08	889	
	Name of Contact Person	,	Area Co	xde and	Daytime Telephone Number	
Enclo	used is a check for the following	amount:				
\$ 51	05.00 Filing Fees \$\int \S113.75 Fi and Certifica Status	ling Fees	13.75 Filing Certified Co	g Fees py	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New Divis Clifte	EET ADDRESS: Filings Section ion of Corporations on Building Executive Center Circle			New F Divisio P. O. B	ING ADDRESS: illings Section on of Corporations ox 6327 ussec, 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 "O	ther Business Entity" immediately prior to the filing of this Certificate of Conv	ersion is:		
	#L15-206594			
	Enter Name of Other Business Entity	₹	~>	
2. The "Other Business	s Entity" is a	<u> </u>	1610	
	(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)	TETAR VHASS	2019 MAR     AM 8: 45	**
first arganized formed	or incorporated under the laws of			ř
ms organized. Tormed	or incorporated under the laws of [Florida] (Enter state, or if a non-U.S. entity, the name of the country)	CE FEORIDA	S	-
December 12, 2015			Ė.	
F.	inter date "Other Business Entity" was first organized, formed or incorporated	75	S	
3. If the jurisdiction of organized, formed or it	the "Other Business Entity" was changed, the state or country under the laws acorporated:	of which	it is no	w
4. The name of the Flo	orida Profit Corporation as set forth in the attached Articles of Incorporation	<u>:</u>		
Carpet JEA Inc				
	Enter Name of Florida Profit Corporation			
If not effective on the	he date of filing, enter the effective date:			
the effective date: (	Dunnot be prior to nor more than 90 days after the date this document is f	•		
te: If the date insered as the document	ted in this block does not meet the applicable statutory filing requirements, this seffective date on the Department of State's records.	s date will	i not be	•

Page I of 2

Signed thisday of	20
Required Signature for Florida Profit Corporation:	
Signature of Chairman, Vice Chairman, Director, Officer Incorporator  Printed Name: Jose Ayala  Title: President	r, or, if Directors or Officers have not been selected, an
Printed Name: Jose Ayala Title: President	
Required Signature(s) on behalf of Other Business En	ntity: [See below for required signature(s).]
Signature: Jaz (Cay-cal	
Signature: Jose Ayala  Printed Name: Osc Ayala	Title: Manager (MG)
Signature	
Printed Name	
Signature:	
Printed Name	Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	_ Fitle:
Signature	
Printed Name:	Title:
Florida General Partnership or Limited Liability   gnature of one General Partner.	<u>Partnership:</u>
Florida Limited Partnership or Limited Liability I gnatures of ALL General Partners.	Limited Partnership:
Storida Limited Liability Company: nature of a Member or Authorized Representative.	
others: :ature of an authorized person.	
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)

CLE II PRINCI	PAL OFFICE		
ncipal place of busines	s/mailing address is:		
Principal str	eet address	Mailing address, if differ 5464 NW 37 AVE	
LAUDERDALE, FL 33	109	FORT LAUDERDALE, FL 33309	
ICLE III PURPO	SE orporation is organized is:		
rofit business in the State	of Florica		
<del></del>			
FICLE IV SHARE	<b>S</b> 100		
FICLE IV SHARE			
TICLE IV SHARE	<b>S</b> 100	RECTORS	
TICLE IV SHARE Tumber of shares of stor	S 100 ck is:	RECTORS	
TICLE IV SHARE number of shares of store ICLE V INITIAL and Title:	S 100 ck is:	RECTORS	
TICLE IV SHARE Tumber of shares of store and Title:  5464 NW 3585  FORT LAUF	S 100 ck is:	RECTORS  President  Name and Title:  Address:	
TICLE IV SHARE number of shares of storm of shares of storm of the shares of	S 100 ck is:	RECTORS  President  Name and Title:  Address:	
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TICLE IV SHARE Tumber of shares of store TICLE V INITIAL and Title:  5464 NW 3 ss:  FORT LAUF	S 100 ck is:	RECTORS  Name and Title:  Address:  Name and Title:	
TICLE IV SHARE Tumber of shares of store TICLE V INITIAL and Title:  5464 NW 3 ss:  FORT LAUF	S 100 ck is:	RECTORS  Name and Title:  Address:  Name and Title:  Address:	
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TICLE IV SHARE number of shares of stor  ICLE V INITIAL  and Title:  5464 NW 3  ss:  FORT LAUF	S 100 ck is:	RECTORS  Name and Title:  Address:  Name and Title:  Address:	

the name	and Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name.	Syed U Zafar, CPA		
Address:	4900 SW 74th Court		
	Miami, Florida 33143		
ARTICL The name	E VII INCORPORATOR and address of the Incorporator is:		
Name	Jose Ayala		
Address:	5464 NW 37 AVE		
	FORT LAUDERDALE, FL 33309		
****	*****************************	********	
aving b is certif	een named as registered agent to accept service of pricate, I am familiar with and accept the appointment	rocess for the above stated corporation at the place des as registered agent and agree to act in this capacity  2/8/2019	signated ii
aving b is certif	een named as registered agent to accept service of pricate, I am familiar with and accept the appointment  Required Sighature/Registered Agent	as registered agent and agree to act in this capacity	signated is
is certif	Required Signature/Registered Agent	as registered agent and agree to act in this capacity  2/8/2019  Date  are true. I am aware that any false information sub-	
is certif	Required Signature/Registered Agent	as registered agent and agree to act in this capacity  2/8/2019  Date  are true. I am aware that any false information sub-	