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(City/State/Zip/Phone #)

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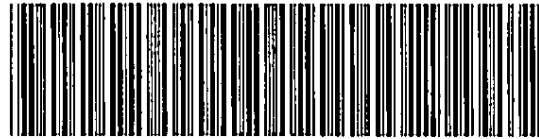
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR 20 2019

W19-26600



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2019

SANDRA WINDSOR
WALTER S. SANDERS & ASSOCIATES, P.A.
16528 N. DALE MABRY HWY.
TAMPA, FL 33618

SUBJECT: MICHAEL VALENTI, P.A.
Ref. Number: W19000026600

We have received your document for MICHAEL VALENTI, P.A. and your check(s) totaling \$80.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please include a signature for ' Required Signature for Florida Profit Corporation ' in the Articles of Conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 919A00005407

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2019

SANDI WINDSOR
WALTER S. SANDERS & ASSOCIATES, P.A.
16528 N. DALE MABRY HWY
TAMPA, FL 33618

SUBJECT: EXPONOVA, LLC
Ref. Number: L17000073474

*Copy for your
reference*

We have received your document for EXPONOVA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE LIMITED LIABILITY COMPANY CANNOT CHANGE NAME ON ARTICLES OF AMENDMENT TO A P.A. YOU MUST FILE CERTIFICATE OF CONVERSION.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 019A00001914

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: MICHAEL VALENTI, P.A.
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

SANDRA WINDSOR
Contact Person

WALTER S. SANDERS & ASSOCIATES, P.A.
Firm/Company

16528 N. DALE MABRY HWY.
Address

TAMPA, FLORIDA 33618
City, State and Zip Code

SANDI@WALTERSANDERS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA WINDSOR at (813) 961-0094
Name of Contact Person Area 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 Filing Fees and Certified Copy ☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, 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 "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

EXPONOVA, 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

FLORIDA

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

on MARCH 31, 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:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

MICHAEL VALENTI, P.A.

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.

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DEPARTMENT OF STATE

Signed this _____ day of _____, 20_____.

Required Signature for Florida Profit Corporation:

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

Incorporator: Michael Valenti

Printed Name: MICHAEL VALENTI Title: PRESIDENT

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

Signature: Michael Valenti

Printed Name: MICHAEL VALENTI Title: MGR

Signature: Ana Valenti

Printed Name: ANA VALENTI Title: MGR

Signature: _____

Printed Name: _____ Title: _____

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.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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: MICHAEL VALENTI, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

2003 W. JOROME DRIVE

TAMPA, FLORIDA 33612

Mailing address, if different is:

WALTER S. SANDERS & ASSOCIATES, P.A.

16528 N. DALE MABRY HWY.

TAMPA, FLORIDA 33618

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE SALES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL VALENTI, PRESIDENT

Address: 2003 W. JOROME DRIVE

TAMPA, FLORIDA 33612

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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ARTICLE VI REGISTERED AGENT

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

Name: WALTER S. SANDERS
Address: 16528 N. DALE MABRY HWY.
TAMPA, FLORIDA 33618

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL VALENTI
Address: 2003 W. JOROME DRIVE
TAMPA, FLORIDA 22612

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:

Walter S. Sanders
Required Signature/Registered Agent

2-25-2019
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.

Michael Valenti
Required Signature/Incorporator

2/25/2019
Date

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA