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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

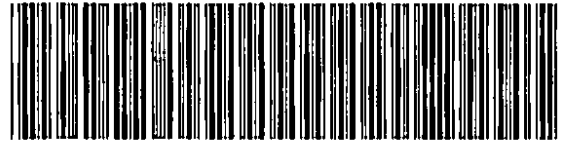
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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19 APR - 8 2:19:55
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

APR 15 2019
C Kinsey

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: RAMIREZ BAKERY INC

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:

SALUD E ESCOBEDO

Contact Person

RAMIREZ BAKERY INC

Firm/Company

23 EVERGLADES ST

Address

BELLE GLADE, FL 33430

City, State and Zip Code

RODI919@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAQUEL T RODRIGUEZ

at (561)

547-4005

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$105.00 Filing Fees	<input type="checkbox"/> \$113.75 Filing Fees and Certificate of Status	<input checked="" type="checkbox"/> \$113.75 Filing Fees and Certified Copy	<input type="checkbox"/> \$122.50 Filing Fees, Certified Copy, and Certificate of Status
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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:

RAMIREZ BAKERY LLC

L18-58069

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 5, 2018

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:**

RAMIREZ BAKERY INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: JANUARY 1, 2019

(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.

11. 12. 13.
19 APR - 8 4:10:55
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Signed this 18TH day of MARCH, 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: x. Salud Escobedo

Printed Name: SALUD E ESCOBEDO Title: PRESIDENT

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

Signature: Salud Escobedo

Printed Name: SALUD E ESCOBEDO Title: PRESIDENT

Signature: [Signature]

Printed Name: IDILIO SANTIAGO RAMIREZ VAZQUEZ Title: VICE-PRESIDENT

Signature: [Signature]

Printed Name: LAZARO J RAMIREZ VAZQUEZ Title: TREASURER

Signature: [Signature]

Printed Name: ISMAEL E LOPEZ RAMIEZ Title: SECRETARY

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)

19 APR - 8 14 10:55
CLERK
SECRETARY OF STATE
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: RAMIREZ BAKERY INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

157 NW 16TH ST

BELLE GLADE, FL 33430-2838

Mailing address, if different is:

6765 ESCONDIDA DR

WEST PALM BEACH, FL 33406

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: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SALUD E ESCOBEDO, PRESIDENT

Address: 23 EVERGLADES ST

BELLE GLADE, FL 33430

Name and Title: LAZARO J RAMIREZ VAZQUEZ, TREAS

Address: 300 NE 1ST ST

BELLE GLADE, FL 33430

Name and Title: _____

Address: _____

Name and Title: IDILIO S. RAMIREZ VAZQUEZ, V

Address: 625 RANCHERO RD APT 3

BELLE GLADE, FL 33430

Name and Title: ISMAEL E LOPEZ RAMIREZ, SEC.

Address: 625 RANCHERO RD APT 3

BELLE GLADE, FL 33430

Name and Title: _____

Address: _____

19 APR - 8 AM 10:55
CLERK OF SUPERIOR COURT
BELL COUNTY, TEXAS

ARTICLE VI REGISTERED AGENT

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

Name: SALUD E ESCOBEDO
Address: 23 EVERGLADES ST
BELLE GLADE, FL 33430

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: SALUD E ESCOBEDO
Address: 23 EVERGLADES ST
BELLE GLADE, FL 33430

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

Salud Escobedo
Required Signature/Registered Agent

3/18/19
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.

Salud Escobedo
Required Signature/Incorporator

3/18/19
Date

19 APR - 8 14:19:55
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA