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(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** LUFA SERVICES 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:

OSWALDO FABIAN CHACON

\_\_\_\_\_  
Contact Person

LUFA SERVICES INC

\_\_\_\_\_  
Firm/Company

14007 BENVOLIO CIRCLE UNIT 207

\_\_\_\_\_  
Address

ORLANDO, FL 32824

\_\_\_\_\_  
City, State and Zip Code

LUFASERVICES@YAHOO.COM

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

For further information concerning this matter, please call:

OSWALDO FABIAN CHACON

at ( 646 ) 462-1515

\_\_\_\_\_  
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    ☐ \$113.75 Filing Fees    ☒ \$122.50 Filing Fees,  
and Certificate of                      and Certified Copy                      Certified Copy, and  
Status    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:

LUFA SERVICES INC.

Enter Name of Other Business Entity

2. The "Other Business Entity" is a 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)

on JANUARY 28, 2015

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:**

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 04/09/2019

(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.

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SECRETARY OF STATE  
DIVISION OF CORPORATE & BUSINESS SERVICES  
19 APR 12 PM 4:15

Signed this 9 day of April, 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: Oswaldo Fabian Chacon

Printed Name: Oswaldo Fabian Chacon Title: Owner/President

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

Signature: Oswaldo Fabian Chacon

Printed Name: Oswaldo Fabian Chacon Title: Owner/President

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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)

**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: LUFA SERVICES INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address  
14007 BENVOLIO CIRCLE  
UNIT 207  
ORLANDO, FL 32824

Mailing address, if different is:  
14007 BENVOLIO CIRCLE  
UNIT 207  
ORLANDO, FL 32824

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TRANSPORTATION

**ARTICLE IV SHARES**

The number of shares of stock is: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Oswaldo Fabian Chacon- PRESIDENT  
Address: 14007 BENVOLIO CIRCLE UNIT 207  
ORLANDO, FL 32824

Name and Title: LUISA FERNANDA CHACON- DIRECTO  
Address: 14007 BENVOLIO CIRCLE UNIT 207  
ORLANDO, FL 32824

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: LUZ A. MARTINEZ- VICE PRESIDENT  
Address: 3226 71ST STREET  
EAST ELMHURST, NY 11370

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: OSWALDO FABIAN CHACON  
Address: 14007 BENVOLIO CIRCLE UNIT 207  
ORLANDO, FL 32824


**ARTICLE VII INCORPORATOR**

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

Name: OSWALDO FABIAN CHACON  
Address: 14007 BENVOLIO CIRCLE UNIT 207  
ORLANDO, FL 32824

\*\*\*\*\*

*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*



Required Signature/Registered Agent

04/09/2019

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.*



Required Signature/Incorporator

                      
Date

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CORPORATION  
STATE OF FLORIDA