# P17000034232

(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:		

Office Use Only



300327865163



18 APR 24 PH 2: 36

1

#### FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

4/24/19

NAME:

SILLAGE HOLDINGS CORP

TYPE OF FILING: CONVERSION

COST:

105.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION:** 

ABBIE/PAU

#### COVER LETTER

TO:	Charter Section Division of Co					
SUBJ	SILLAGE	HOLDINGS CORP.				
SUBJ	ECT:	Name of	Resulting	Florida Profit	Corporation	
		te of Conversion, Article Profit Corporation" in a			ees are submitted to conver	t an "Other Business
Please	return all corres	pondence concerning th	is matter to	:		
FRED	ERIC BARTHE I	≣SQ.				
		Contact Person		<del></del>		
		Firm/Company	<del> </del>			
		1 min Company				
17 SE	24TH AVE			<u>.                                    </u>		
		Address				
POME	ANO BEACH FL	. 33062				
		City, State and Zip Cod	e	<del></del>		
FBAR	THELAW@GMA	IL.COM				
Ī	E-mail address: (	to be used for future ann	ual report r	notification)	•	
For fur	rther information	concerning this matter,	please call:	•		
FRED	ERIC BARTHE	ESQ	954 at (	784-2	800	
	Name of Co	ontact Person		Area Code and	Daytime Telephone Numb	er
Enclos	sed is a check for	the following amount:				
<b>#</b> \$10	5.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status		5 Filing Fees fied Copy	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New F Division	ET ADDRESS: ilings Section on of Corporation Building executive Center			New F Divisio P. O. E	ING ADDRESS: ilings Section on of Corporations Box 6327 assee, FL 32314	

Tallahassee, FL 32301

## Certificate of Conversion For "Other Business Entity" Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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 Certification	te of Conversion is:
SILLAGE HOLDINGS, CORP.	
Enter Name of Other Business Entity	·
2. The "Other Business Entity" is a	
(Enter entity type. Example: limited liability company, limited part general partnership, common law or business trust, etc.)	nership,
first organized, formed or incorporated under the laws of	<del></del>
(Enter state, or if a non-O.S. entity, the name of the country)	
JANUARY 24, 2013 on	·
Enter date "Other Business Entity" was first organized, formed or inco	orporated
<ol> <li>If the jurisdiction of the "Other Business Entity" was changed, the state or country under organized, formed or incorporated:</li> </ol>	the laws of which it is now
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incor SILLAGE HOLDINGS, CORP.	poration:
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 of State.)	•
Note: If the date inserted in this block does not meet the applicable statutory filing requirer listed as the document's effective date on the Department of State's records.	9 AP
Page 1 of 2	FILED: R 24 AH II: 02 R 24 AH II: 02 R 26 AH II: 02

APRIL		
·		
Required Signature for Florida Profit Corporation	on:	
Signature of Chairman, Vice Chairman, Director, On Incorporator:  Printed Name: SHOMON ZRIHEN Title: PRES		en selected, an
Required Signature(s) on behalf of Other Busines	ss Entity: [See below for required signature(s	s).]
Signature:		
Printed Name:	Title: 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 Liabili Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	<b>&gt;</b> .	
All others: Signature of an authorized person.		19 APR
Fees: Certificate of Conversion:	<b>\$35.00</b>	124 F

\$70.00

\$8.75 (Optional) \$8.75 (Optional)

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

### ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:	GS, CORP.	
ARTICLE II PRINCIPAL OFFICE		· · · · · · · · · · · · · · · · · · ·
The principal place of business/mailing address is:		
Principal street address	Mailing addr	ess, if different is:
4000 W, HOLLYWOOD BLVD.		oss, it different is.
SUITE 285-S	,	
HOLLYWOOD, FL 33021		
ARTICLE III PURPOSE		-
The purpose for which the corporation is organized is:		
REAL ESTATE HOLDING		
		<del></del>
	·	
	<del></del>	
ARTICLE IV SHARES 100		
The number of shares of stock is:		
ARTICLE V INITIAL OFFICERS AND/OR DIF		
SALOMON ZRIHEN DP	<del></del>	
Name and Title:	Name and Title:	
Address: 4000 W HOLLYWOOD BLVD #285-S	Address:	
HOLLYWOOD FL 33021		
Name and Title:		
rune and Title.	Name and Title:	
Address:	Address:	APP
Address:	Address:	APR 24 A
Address:	Address:	APR 24 A
Address:	Address:  Name and Title:	APR 24 AM III: I

The <u>name</u>	e and Florida street address (P.O. Box NC	T acceptable) of the registered agent is:
Name:	FREDERIC BARTHE PA	
Address:	17 SE 24TH AVE. 2ND FLOOR	
	POMPANO BEACH FL 33062	
ARTICL		
The name	and address of the Incorporator is:	
Name:	SALOMON ZRIHEN	
Address:	4000 HOLLYWOOD BLVD #285-S	
	HOLLYWOOD FL 33021	
******	**********	********
Having be this certifi	en named as registered agent to accept ser	vice of process for the above stated corporation at the place designated in pintment as registered agent and agree to act in this capacity
	Required Simply (Paciety Aland	<u>4/15/2019</u>
	Required Signature/Registered Agent	' Date
l submit th document	his document and affirm that the facts state to the Department of State constitutes a the	ed herein are true. I am aware that any false information submitted in a red degree felony as provided for in s.817.155, F.S.
		4-15-19
	Required Signature/Incorporator	Date

ARTICLE VI REGISTERED AGENT

19 APR 24 AM II: 02