P19000044496

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(OkyrotaterZipri none #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document (Variable))
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W19-29037
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Office Use Only



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COVER LETTER

TO:	Charter Section Division of Cor					
	BIVAO	GROUP, INC				
SUBJ	ECT:		D anuls	na Clasic	la Dratit	Corporation
		Name of	Resum	ing Pioric	а гтоти	Corporation
		e of Conversion, Articles Profit Corporation" in ac				ees are submitted to convert an "Other Business 15, F.S.
Please	return all corresp	oondence concerning this	matte	r to:		
ANDF	EI BALAN					
		Contact Person			-	
BIVAC	O GROUP, LLC					
		Firm/Company				
109 W	/INDRIDGE LN.					
		Address	<u>-</u>			
PANA	MA CITY BEACH	I, FL 32413				
		City, State and Zip Code	:		_	
BIVA	OGROUPLLC@G	MAIL.COM				
	E-mail address: (t	o be used for future annu	ial rep	ort notific	ation)	
For fu	rther information	concerning this matter,	please	call:		
	REI BALAN	3		50	530-7	829
	Name of Co	ontact Person	\		Code and	Daytime Telephone Number
Enclo	sed is a check for	the following amount:				
■ \$10	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status		13.75 Fili Tertified C		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status
New I Divisi Clifto 2661	ET ADDRESS: Filings Section on of Corporation in Building Executive Center hassee, FL 32301				New F Divisio P. O. E	ING ADDRESS: ilings Section on of Corporations Box 6327 assee, FL. 32314

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.

	ter Business Entity" immediately prior to the filing of this Certificate of Con	version is:
BIVAO GROUP, LLC	#418-3365	
	Enter Name of Other Business Entity	
2. The "Other Business	Entity" is a	
	Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)	
first organized, formed o	FLORIDA STATE or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)	
JANUARY 04, 2018 on	(Effer state, of it a non-old, entity, the name of the country)	
	ter date "Other Business Entity" was first organized, formed or incorporated	
If the jurisdiction of t organized, formed or inc N/A	he "Other Business Entity" was changed, the state or country under the laws orporated:	of which it is now
4. The name of the Flori BIVAO GROUP, INC	ida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u>	<u>ı:</u>
	Enter Name of Florida Profit Corporation	
(The effective date: Ca Department of State.) Note: If the date inserte	o3/13/2019 Innot be prior to nor more than 90 days after the date this document is f d in this block does not meet the applicable statutory filing requirements, this effective date on the Department of State's records.	

Page 1 of 2



Signed thisday of	, 20	
Required Signature for Florida Profit Corporation:		
Signature of Chairman Vice Chairman, Director, Office Incorporator: Printed Name: ANDREI BALAN Title: INCORP		selected, an
Required Signature(s) on behalf of Other Business E	ntity: [See below for required signature(s)	.]
Signature: Wallow		•
ANDREI BALAN Printed Name:	_ Title:	٠
Signature:		
Printed Name:	_ Title:	
Signature:		•
Printed Name:	Title:	
Signature:		٠
Printed Name:		• .
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:		
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:	٠.
If Florida Limited Partnership or Limited Liability I Signatures of <u>ALL</u> General Partners.	<u>Limited Partnership:</u>	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.		
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

Page 2 of 2

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

ARTICLE II PRINCIPAL OFFICE	
he principal place of business/mailing address is:	
Principal street address 109 WINDRIDGE LN.	Mailing address, if different i THE SAME AS PRINCIPAL OFFICE
PANAMA CITY BEACH, FL 32413	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
ANY AND ALL LAWFUL BUSINESS	
	
-	
ARTICLE IV SHARES 100 The number of shares of stock is:	
The number of shares of stock is:	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR I ANDREI BALAN, DIRECTOR Name and Title:	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR I ANDREI BALAN, DIRECTOR Name and Title: 109 WINDRIDGE LN. Address:	DIRECTORS
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR I ANDREI BALAN, DIRECTOR 109 WINDRIDGE LN. Address: PANAMA CITY BEACH, FL 32413	Name and Title: Address:
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR I ANDREI BALAN, DIRECTOR Name and Title: 109 WINDRIDGE LN. PANAMA CITY BEACH, FL 32413 Name and Title:	Name and Title: Address: Name and Title:
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR I ANDREI BALAN, DIRECTOR Name and Title: 109 WINDRIDGE LN. PANAMA CITY BEACH, FL 32413 Name and Title: Address:	Name and Title: Address: Name and Title: Address:
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR I ANDREI BALAN, DIRECTOR Name and Title: 109 WINDRIDGE LN. PANAMA CITY BEACH, FL 32413 Name and Title:	Name and Title: Address: Name and Title: Address:

ne <u>name</u>	and Florida street address (P.O. Box NOT acceptal	of the registered agent is.
Name;	ANDREI BALAN	
Address:	109 WINDRIDGE LN.	
	PANAMA CITY BEACH, FL 32413	
<u>ARTICL</u>		
The <u>name</u>	and address of the Incorporator is:	
Name:	ANDREI BALAN	
Address:	109 WINDRIDGE LN.	
	PANAMA CITY BEACH, FL 32413	
******* Havino h	**************************************	**************************************

this certif	Required Signature/Registered Agent	O3/13/2019 Date Date The are true. I am aware that any false information submitted in a
this certif	Required Signature/Registered Agent his document and affirm that the facts stated herein	O3/13/2019 Date Date