## P190000U5580

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	<del>:</del> #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	<del></del>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

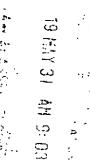
Office Use Only

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2019

CHARONTON BARBER 1508 BAY RD, APT 1111 MIAMI BEACH, FL 33139

SUBJECT: CHARONTON BARBER P.A.

Ref. Number: W19000048159

We have received your document for CHARONTON BARBER P.A. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate 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.

Keyna E Page Regulatory Specialist II

Letter Number: 719A00009879

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## 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 Certificate	e of Conversion is:
Cornell Development Group, LLC	n()
Enter Name of Other Business Entity	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
2. The "Other Business Entity" is a	
(Enter entity type. Example: limited liability company, limited partner general partnership, common law or business trust, etc.)	ership.
first organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name of the country)	
July 25th, 2013	
Enter date "Other Business Entity" was first organized, formed or incor	porated
Florida  4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorp</u> Charonton Barber P.A.	
Enter Name of Florida Profit Corporation	<del></del> .
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 docume Department of State.]  Note: If the date inserted in this block does not meet the applicable statutory filing requirement.	-
listed as the document's effective date on the Department of State's records.	
Page 1 of 2	19 M.Y.3

• Signed		day of	May		. 20			
Requi	red Signature	for Florida Pro	fit Corporation:					
Signati Incorpe Printed	are of Chairma orator: I Name: @naron	ton Barber	n, Director, Office Title: President	r, or. if D	irectors or Offi	cers have not	been selecte	ed, an
Requir	red Signature(	s) on behalf of	Other Business E	ntity: (Se	ee below for re	quired signatu	re(s).]	
Signan	ure:	A CE						
Printed	l Name: <u>CH</u>	HEONTON B	BARBER_	_ Title:	MGRM			
Signati	are:						<del></del>	
Printed	l Name:			_ Title:				
Signati	ure:							
Printec	l Name:			_ Title:				
Signati	ure:							
Printec	l Name:			_ Title:				
Signati	ure:			<del></del>				
Printec	l Name:			_ Title: _				
Signat	ure:							
Printec	l Name:			_ Title: _			<u>.</u>	
	rida General F ure of one Gen		imited Liability	<u>Partnersl</u>	hip:			
		Cartnership or Lorenzal Partners.	<u> Limited Liability l</u>	<u>Limited I</u>	Partnership:			76
		<u>.iability Compa</u> er or Authorized	n <u>y:</u> l Representative.					19 KAY 31
All oth Signat	ners: ure of an autho	orized person.						1 48 9:03
Fees:	Certificate of Fees for Flor Certified Cop Certificate of	ida Articles of Ir oy:	icorporation:		Optional) Optional)		tan (	03

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

ARTICLE II	PRINCIPAL OFFICE		
The principal plac	ce of business/mailing address is:		
	Principal street address	Mailing address, if different is:	
1508 Bay Rd		1508 Bay Rd	
Apt. 1111		Apt. 1111	
Miami Beach, FL 33139		Miami Beach, FL 33139	
ARTICLE III			
The purpose for Real Estate	which the corporation is organized is:		
	.10-		
<del></del>			
			<del></del> -
			<del>_</del>
			<del></del>
ARTICLE IV	SHARES 400		<del></del>
	100		
The number of sh	ares of stock is:	<u> </u>	~4
The number of sh		ECTORS	79 HA
The number of sh  ARTICLE V  Name and Title:	INITIAL OFFICERS AND/OR DIF Charonton Barber/President	Name and Title:	79 KA 67
The number of sh  ARTICLE V  Name and Title:  Address:	INITIAL OFFICERS AND/OR DIF	Name and Title:  Address:	ນ , —
The number of sh  ARTICLE V  Name and Title:  Address:	INITIAL OFFICERS AND/OR DIR Charonton Barber/President 1508 Bay Rd Apt. 1111 Miami Beach, FL 33139	Name and Title:  Address:	<u> </u>
The number of sh  ARTICLE V  Name and Title:  Address:	INITIAL OFFICERS AND/OR DIR Charonton Barber/President 1508 Bay Rd Apt. 1111 Miami Beach, FL 33139	Name and Title:  Address:  Name and Title:	<u>.</u> .
The number of sh  ARTICLE V  Name and Title:  Address:  Name and Title:	INITIAL OFFICERS AND/OR DIR Charonton Barber/President 1508 Bay Rd Apt. 1111 Miami Beach, FL 33139	Name and Title:  Address:	3
The number of sharticle v  Name and Title: Address:  Name and Title: Address:	INITIAL OFFICERS AND/OR DIF Charonton Barber/President 1508 Bay Rd Apt. 1111 Miami Beach, FL 33139	Name and Title:  Address:  Name and Title:  Address:	3 , 
ARTICLE V  Name and Title: Address:  Name and Title: Address:	INITIAL OFFICERS AND/OR DIF Charonton Barber/President 1508 Bay Rd Apt. 1111 Miami Beach, FL 33139	Name and Title:  Address:  Name and Title:	3 , 

	<i>E VI REGISTERED AGENT</i> e and Florida street address (P.O. Box NO	acceptable) of the registered agent is:
Name:	Charonton Barber	
Address:	1508 Bay Rd Apt. 1111	
	Miami Beach, FL 33139	
ARTICL		
The <u>name</u> Name:	e and address of the Incorporator is:  Charonton Barber	
Address:	1508 Bay Rd Apt. 1111	
	Miami Beach, FL 33139	
******** Having b this certif	een named as registered agent to accept se ficate, I am familiar with and accept the app	**************************************
<del></del>	Required Signature/Registered Agent	
I submit i documen	this document and affirm that the facts sta t to the Department of State constitutes a th	ed herein are true. I am aware that any false information submitted in red degree felony as provided for in s.817.155, F.S.
	Mole	5/3/19
	Required Signature/Incorporator	<sup>6</sup> Date

A. Lilling to the

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