P1900047321

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

W1900W30551

JUN 1 1 2019

3. 3. 2. 2. 1



000326369790

03/20/19--01010--004 **113.75



19 HAY 16 AH 8:5



April 8, 2019

LYUDMILA ANDREYEVA 5070 JERICHO AVE NORTH PORT, FL 34288

SUBJECT: A PLUS CHOICE CORP Ref. Number: W19000030551

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

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

Please return the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 619A00006061

www.sunbiz.org

D''' CO C DONGOOT THE THE COOK

COVER LETTER

TO: Charter Section

Division of Cor	rporations			
A PLUS CH	HOICE CORP	•		
SUBJECT:	Name of	Resulting Florid	la Profit	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	s matter to:		
LYUDMILA ANDREYE	VA			
	Contact Person			
A PLUS CHOICE COR	Р			
	Firm/Company			
5070 JERICHO AVE				
	Address		_	
NORTH PORT, FL 342	288			
	City, State and Zip Code	2		
LUDA0125@YAHOO.0	СОМ			
E-mail address: (t	o be used for future annu	ual report notific	cation)	
For further information	concerning this matter.	please call:		
LYUDMILA ANDREYE		941 at (786-5	908
Name of Co	ontact Person		Code and	Daytime Telephone Number
Enclosed is a check for	the following amount:			
□ \$105.00 Filing Fees	S\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fili and Certified (□\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	Circle		New F Division P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assee, 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: A+ CHOICE LLC $-LDLUUUQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQ$
A+ CHOICE LLC - LOG 0000 075 11
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 or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
03-15-2006 on .
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:
INCORPORATED .
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> : A PLUS CHOICE CORP
Enter Name of Florida Profit Corporation
Enter Patric of Portal Port 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 is filed by the Florida Department of State.)
<u>Note:</u> 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.

Page 1 of 2

Signed thisday of	. 20 19
Required Signature for Florida Profit Corporation:	
Signature of Chairman, Vice Chairman, Director, Office Incorporator: LYUDMILA ANDREYEVA Printed Name: LYUDMILA ANDREYEVA Title: DIRECTO	
Required Signature(s) on behalf of Other Business E	ntity: [See below for required signature(s).]
Signature:	
Printed Name: ANDREY ANDREYEV	Title:
Signature: V Lynduelle	
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liability I Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability I Signatures of <u>ALL</u> General Partners.	Limited Partnership:
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)

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

The name of	the corporation shall be:	RP	
ARTICLE 1	I PRINCIPAL OFFICE		
The principal	place of business/mailing address is:		
5070 JERICHO	Principal street address AVE		Mailing address, if different is:
NORTH POF	RT. FL 34288		
	TT DYDDOCE		
	for which the corporation is organized is:		
	LL LAWFUL BUSINESS		7.2
			AL ARRAY I
			HAY 16
			72 6
		<u> </u>	
			57
			-
	· · · · · · · · · · · · · · · · · · ·		
	IV SHARES 2		
The number (of shares of stock is:		
ARTICLE	V INITIAL OFFICERS AND/OR DIR	ECTORS	
Name and T	LYUDMILA ANDREYEVA	Name and T	itle:
Address:	5070 JERICHO AVE	Address:	5070 JERICHO AVE
	NORTH PORT, FL 34288		NORTH PORT, FL 34288
Name and T	itle:	Name and T	itle:
Address:		Address:	
Address.		Address.	
Name and T	itle:	Name and T	itle:
Address:		Address:	

ARTICL	E VI REGISTERED AGENT	
The name	and Florida street address (P.O. Box NO	OT acceptable) of the registered agent is:
Name:	LYUDMILA ANDREYEVA	_
Address:	5070 JERICHO AVE	·
	NORTH PORT, FL 34288	
<u>ARTICL</u>	E VII INCORPORATOR	
The name	and address of the Incorporator is:	
Name:	LYUDMILA ANDREYEVA	
Address:	5070 JERICHO AVE	
	NORTH PORT, FL 34288	
******	***********	*************
Having be this certifi	een named as registered agent to accept se icate, I am familiar with and accept/the ap	rvice of process for the above stated corporation at the place designated in pointment as registered agent and agree to act in this capacity
v L	y uduch	03/13/12
	Required Signature/Registered Agent	Date
I submit t document	this document and affirm that the facts sta to the Department of State constitutes a th	ated herein are true. I am aware that any false information submitted in a wird degree felony as provided for in s.817.155, F.S.
<u>_</u>	- graduer & 6	. 03/13/19
	Required Signature/Incorporator	Date