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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

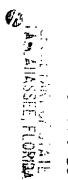
Office Use Only

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COVER LETTER

TO:	Charter Section Division of Co					
cunt	COR CO	MMERCIAL PROPERTIE	S. INC.			
20R1	ECT:	Name of	Resultin	g Florida Prot	fit Co	orporation
		e of Conversion, Article Profit Corporation" in ac				s are submitted to convert an "Other Business, F.S.
Please	return all corres	pondence concerning thi	s matter t	to:		
OCTA	VIO CORANO					
		Contact Person				
COR	COMMERCIAL P	ROPERTIES				
		Firm/Company				
8809 (COMMODITY CI	RCLE, SUITE I				A**
		Address				
ORLA	NDO, FL 32819					
		City, State and Zip Cod	e			
	ioCorano@SunCoa					·
I	E-mail address: (t	o be used for future annu	ual repor	t notification))	
For fu	rther information	concerning this matter.	please ca	ill:		
octavi	o corano		at (739	3-317	1
	Name of Co	ontact Person		Area Code a	ind E	Daytime Telephone Number
Enclos	sed is a check for	the following amount:				
□\$10	05.00 Filing Fees	■\$113.75 Filing Fees and Certificate of Status		.75 Filing Fee rtified Copy	(3\$122.50 Filing Fees, Certified Copy, and Certificate of Status
New F Division	ET ADDRESS: Filings Section on of Corporation Building Executive Center			New Divi P. O	Filinision Box	IG ADDRESS: Ings Section of Corporations x 6327 See, 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 Certificate of Conversion is:
COR COMMERCIAL PROPERTIES LLC L/1-22963
Enter Name of Other Business Entity
2. The "Other Business Entity" is a limited liability company
(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
18 of February of 2011 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:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> : COR COMMERCIAL PROPERTIES. INC.
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 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.
Page 1 of 2 Page 1 of 2 Page 1 of 2
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Signed this 31day of	. 20 19	
Required Signature for Florida Profit Corporatio		
Signature of Chairman, Vice Chairman, Director, Of Incorporator: Printed Name: Octavio Corano Title: President Pres	ficer, or, if Directors or Officers have not be	een selected, an
Required Signature(s) on behalf of Other Busines	s Entity: [See below for required signature	e(s).]
Signature: Dufficeur		_
Printed Name: Angela Corano	Title: VP	
Signature:		
Printed Name: OCTAVIO CORA NO	Title:	_
Signature:		_
Printed Name:	Title:	_
Signature:		_
Printed Name:	Title:	_
Signature:		_
Printed Name:	Title:	
Signature:		_
Printed Name:	Title:	_
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		6
All others: Signature of an authorized person.		SSVIII IN
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)	0 AM 9: 28

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: COR COMMERC	CIAL PROPERTIES, INC	C.	
·			
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:			
Principal street address 8809 Commodity Circle, Suite 1		Mailing address, if different is	:
Orlando, FL 32819			
	·		
ARTICLE III PURPOSE The purpose for which the corporation is organized is Any and all legal activities.	::		
Any and all legal activities.	<u> </u>		
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ARTICLE IV SHARES The number of shares of stock is:			
ARTICLE V INITIAL OFFICERS AND/OR			
	DIRECTORS		
Octavio Corano, President Name and Title:		Angela Corano, VP	
Name and Title: Octavio Corano. President 8809 Commodity Circle, Suite 1		Angela Corano, VP 8809 Commodity Circle, Suite I	
8809 Commodity Circle Suite 1	Name and Title	8809 Commodity Circle, Suite 1 Orlando, FL 32819	
Address: 8809 Commodity Circle, Suite 1 Orlando, FL 32819	Name and Title Address:	8809 Commodity Circle, Suite 1 Orlando, FL 32819	
Address: 8809 Commodity Circle, Suite 1	Name and Title Address: Name and Title	8809 Commodity Circle, Suite 1 Orlando, FL 32819	
Address: Same and Title:	Name and Title Address: Name and Title Address: Address:	8809 Commodity Circle, Suite 1 Orlando, FL 32819	
Address: 8809 Commodity Circle, Suite 1 Orlando, FL 32819 Name and Title: Address:	Name and Title Address: Name and Title Address: Name and Title Name and Title	8809 Commodity Circle, Suite 1 Orlando, FL 32819	

	E VI REGISTERED AGENT and Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	Octavio Corano	,	
Address:	8809 Commodity Circle, Suite 1		
, 100, 0, 11, 11	Orlando, FL 32819		
ARTICL	E VII INCORPORATOR and address of the Incorporator is:		
Name:	Octavio Corano		
Address:	8809 Commodity Circle, Suite 1		
	Orlando, FL 32819		
******	********	******	
	een named as registered agent to accept service of pr icate, I am familiar with and accept the appointment	ocess for the above stated corporation at the place designated i as registered agent and agree to act in this capacity	n
	012	5/3i/19	
_	Required Signature/Registered Agent	Date	
	his document and affirm that the facts stated herein to the Department of State constitutes a third degree	are true. I am aware that any false information submitted in felony as provided for in s.817.155, F.S.	a
	UR	5/31/19	
-	Required Signature/Incorporator	Date Date	

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