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(Requestor's Name)		
(Address)		
(Address)		
(Ci	_ ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

TO: Charter Section Division of Corporations
SUBJECT: AMAZINIA PAVERS SOUTH FLONDE, LLC Name of Resulting Florida Profit Corporation
The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.
Please return all correspondence concerning this matter to:
Diana Ramirez Contact Person
amazing Parers South Flonday UC. Firm/Company
18998 NW 24th PLACO Address
Pembrola Pines, FL 33129 City. State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Diana Pamirez at (954) U38-1145 Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$105.00 Filing Fees and Certificate of Status \$113.75 Filing Fees and Certified Copy Status \$113.75 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:MAILING ADDRESS:New Filings SectionNew Filings SectionDivision of CorporationsDivision of Corporations

P. O. Box 6327

Tallahassee, 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.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
amazina Davar Cauth Florida IIC # L19-131889
amazine Pavers South Flonda, LLC # L19-131889. Enter Name of Other Business Entity
2. The "Other Business Entity" is a LLC (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)
m May 15 2019
on
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 attached Articles of Incorporation:
Enter Name of Florida Profit Corporation
Enter Name of Florida Profit Corporation
The same of the sa
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 affective date on the Department of State's records
listed as the document's effective date on the Department of State's records.

Page 1 of 2

Signed this \\ \ \ day of \\ \luly	. 20 [9]		
Required Signature for Florida Profit Corporation:			
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Canas Camprez Printed Name: Title: President	r, or, if Directors or Officers have not been selected, an		
Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]			
Signature: Manual			
Printed Name: Dlana Ramirez	Title: The Kingdom Municipal Control of the Control		
Signature (A 1916 To VON 1117)	,		
Printed Name: Antwin Relycop	_Title: Ve P		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	_Title:		
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.			
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)		

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

The name of the corporation shall be: AMAZING Pa	vers South Florida, Inc.
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
18998 NW 24h PlaU	Mailing address, if different is:
Pembroke Pines, FL 33029	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
to form a florida Businessi	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRE	CTORS
Name and Title: Carlos Pamúro President	Name and Title:
Address: 18998 NIV 24th Place	A.I.I
Rembroke Pine FL 33629	Address:
Name and Title: Nana Ramirez VP	Name and Title:
Address: 18998 NW 24th Place	Address:
Pembioke Pines, FL 33029	
Name and Title:	Name and Title:
Address:	Address:

ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT accepta	able) of the registered agent is:
Name: Carlos Ramurez	
Address: 18998 WV 24th Place	
Remorate Pinio, EL 33029	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Name: Carlos Romirez	
Address: 18998 NW24th Place	
Pembroke Phily fl 33029	

this certificate, I am familiar with and accept the appointmen	t as registered agent and agree to act in this capacity
	11/19
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein document to the Department of State constitutes a third degre	n are true. I am aware that any false information submitted in a see felony as provided for in s.817.155, F.S.
	TUNG
Required Signature/Incorporator	Date