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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
- /				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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SECRETARY OF STATE

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K Brumbley

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

IMEX TRADING IN	С	
, -		
	 -	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. Fite
		Fictitious Name File
		Trade/Service Mark
		Merger File X Art. of Amend. File Cauler Sion
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Ū		Vehicle Search
		Driving Record
Requested by: Seth	08/22/19	UCC 1 or 3 File
Name	Date Time	UCC 11 Search
		UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

Division of Co					
	1EX TRADI	NO INC			
		Resulting Florida		Corporation	
The enclosed Certifica Entity" into a "Florida	te of Conversion, Article Profit Corporation" in a	es of Incorporation coordance with s.	n, and f 607.11	Sees are submitted to convert an 15, F.S.	"Other Business
Please return all corres	pondence concerning thi	is matter to:			
NATALIA MEDEIROS					
	Contact Person	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		
CSG CAPITAL SERVIC	ES GROUP INC				
	Firm/Company	- · · · · · · · · · · · · · · · · · · ·	-		
446 W HILLSBORO BL	VD				
	Address		-		
DEERFIELD BEACH, F	L 33441				
	City, State and Zip Cod	e	•		
EMANNUELLE@THEV	VAYGROUP.BIZ				
E-mail address: (t	o be used for future ann	ual report notifica	tion)		
For further information	concerning this matter.	please call:			
NATALIA		at (954.42	27.4770	
Name of Co	ontact Person		ode and	Daytime Telephone Number	
Enclosed is a check for	the following amount:				
☐ \$105.00 Filing Fees	■\$1.13.75 Filing Fees and Certificate of Status	☐\$113.75 Filing and Certified Co		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building 2661 Executive Center			New F Divisio P. O. B	ING ADDRESS: illings Section on of Corporations lox 6327 assee, FL 32314	

Tallahassee, FL 32301

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:
IMEX TRADING LLC
Enter Name of Other Business Entity
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY PARTNERSHIP
(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 FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)
09/29/2017
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 attached Articles of Incorporation:
IMEX TRADING 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

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SECRETARY OF STATE
TALLAHASSEF, FLORING

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

The name of the corporation shall be:	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
The principal place of business/maining address is:	
Principal street address 1786 NW 82ND AVE	Mailing address, if different is:
DORAL, FL 33126	SAME
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
TRADING COMPANY	
	•
ARTICLE IV SHAPES	
he number of shares of stock is:	
he number of shares of stock is:	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DE	RECTORS JAIME HERNANDEZ - DIRECTOR Name and Title:
ARTICLE V INITIAL OFFICERS AND/OR DE	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DE Name and Title: ROGER C. ROHLFS - PRESIDENT	Name and Title: JAIME HERNANDEZ - DIRECTOR
ARTICLE V INITIAL OFFICERS AND/OR DE Name and Title: ROGER C. ROHLFS - PRESIDENT 1786 NW 82ND AVE DORAL, FL 33126	Name and Title: JAIME HERNANDEZ - DIRECTOR 1786 NW 82ND AVE DORAL, FL 33126
ARTICLE V INITIAL OFFICERS AND/OR DE ROGER C. ROHLFS - PRESIDENT Name and Title: 1786 NW 82ND AVE	Name and Title: JAIME HERNANDEZ - DIRECTOR 1786 NW 82ND AVE DORAL, FL 33126
ARTICLE V INITIAL OFFICERS AND/OR DE ROGER C. ROHLFS - PRESIDENT Address: DORAL, FL 33126 Name and Title:	Name and Title: JAIME HERNANDEZ - DIRECTOR 1786 NW 82ND AVE DORAL, FL 33126 Name and Title:
ARTICLE V INITIAL OFFICERS AND/OR DE Name and Title: 1786 NW 82ND AVE DORAL, FL 33126 Name and Title:	Name and Title: JAIME HERNANDEZ - DIRECTOR 1786 NW 82ND AVE DORAL, FL 33126 Name and Title: Address:
ARTICLE V INITIAL OFFICERS AND/OR DE Name and Title: ROGER C. ROHLFS - PRESIDENT 1786 NW 82ND AVE DORAL, FL 33126 Name and Title:	Name and Title: JAIME HERNANDEZ - DIRECTOR 1786 NW 82ND AVE DORAL, FL 33126 Name and Title: Address:
ARTICLE V INITIAL OFFICERS AND/OR DE Name and Title: 1786 NW 82ND AVE DORAL, FL 33126 Name and Title:	Name and Title: JAIME HERNANDEZ - DIRECTOR 1786 NW 82ND AVE DORAL, FL 33126 Name and Title: Address:
ARTICLE V INITIAL OFFICERS AND/OR DE Name and Title: ROGER C. ROHLFS - PRESIDENT 1786 NW 82ND AVE DORAL, FL 33126 Name and Title:	Name and Title: JAIME HERNANDEZ - DIRECTOR 1786 NW 82ND AVE DORAL, FL 33126 Name and Title: Address: Name and Title:

Signed this 22 day of AUGUST	20
Required Signature for Florida Profit Corporation	
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Printed Name: ROGER C. ROFLES Title: PRESIDENT OF THE	cer, 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: The Wind	
Printed Name: ROGER C. ROHLES	Title: President
Signature:	
Printed Name: Saime Hunandez	Title: Director
Signature:	
Printed Name:	Title:
Signature;	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL 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)

ARTICL	E VI REGISTERED AGENT		
The name	and Florida street address (P.O. Box NOT accepta	able) of the registered agent is:	
Name:	CSG CAPITAL SERVICES GROUP INC		
Address:	446 W HILLSBORO BLVD		
	DEERFIELD BEACH, FL 33441		
ARTICL	E VII INCORPORATOR		
The name	and address of the Incorporator is:		
Name:	ROGER RHOLFS		
Address:	1786 NW 82ND AVE		
	DORAL, FL 33126		
++++++++ Having be this certifi	ren named as registered agent to accept service of placate, I am familiar with and accept the appointment	rocess for the above stated corporation at the place designated as registered agent and agree to act in this capacity 08/20/19	in in
	Required Signature/Registered Agent	Date	
l submit ti document	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.	1 <i>a</i>
	Par & fa	08/20/19	
7	Required Signature/Incorporator	Date	