## P19000070749

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
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SFP 1 6 2019

K Brumbley

## **COVER LETTER**

TO:

Charter Section

2661 Executive Center Circle

Tallahassee, FL 32301

Division of Cor	rporations			
SUBJECT: CHIA BAL	LZ INC			
Jobale 1	<del> </del>	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:		
NORRIS ATESIANO				
	Contact Person			
GREEN BOX TAX SER	VICES INC			
	Firm/Company			
30855 SW 197TH AVE				
	Address	-	<del></del>	
HOMESTEAD, FL 3303	0			
	City, State and Zip Code	e		
GREENBOXTAX@GM			<u> </u>	
E-mail address: (t	o be used for future annu	ual report notific	cation)	
For further information	concerning this matter,	please call:		
LINA VELEZ		_at (	306-99	941
Name of Co	ontact Person		Code and	Daytime Telephone Number
Enclosed is a check for	the following amount:			
■ \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	☐\$113.75 Fili and Certified 0		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building	ns		New F Division	ING ADDRESS: ilings Section on of Corporations 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:
CHIA BALLZ LI C
Enter Name of Other Business Entity
2. The "Other Business Entity" is a LMITED 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
first organized, formed or incorporated under the laws of FLORIDA  (Enter state, or if a non-U.S. entity, the name of the country)
03/26/2019 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 attached Articles of Incorporation:
CHIA BALLZ 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.)
<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 <sup>19</sup>
Required Signature for Florida Profit Corporation	
Signature of Chairman, Vice Chairman, Director, Office Incorporator: LINA VELEZ  Printed Name: LINA VELEZ  Title: PRESII	cer, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business	
Signature: den a Velor	<u> </u>
Printed Name: LINA VELER	
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
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)

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

ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address	i
The principal place of business/maining address	15.
Principal street address 2292 SW 36TH AVE	Mailing address, if different is 2292 SW 36TH AVE
MIAMI, FL 33145	MIAMI, FL 33145
ARTICLE III PURPOSE	
The purpose for which the corporation is organ	nized is:
" Any and all lawful business "	
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND	D/OR DIRECTORS
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS ANI	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS ANI	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS ANI  Name and Title:  LINA VELEZ, CEO  2292 SW 36TH AVE	Name and Title:
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND Name and Title:  LINA VELEZ, CEO  2292 SW 36TH AVE  Address:	Name and Title:
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND Name and Title:  LINA VELEZ, CEO  2292 SW 36TH AVE	Name and Title:  Address:
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND Name and Title: LINA VELEZ, CEO  2292 SW 36TH AVE  MIAMI FL 33145	Name and Title:  Address:
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS ANI  Name and Title: LINA VELEZ, CEO  2292 SW 36TH AVE  MIAMI FL 33145	Name and Title:  Address:
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS ANI  Name and Title:  LINA VELEZ, CEO  2292 SW 36TH AVE  MIAMI FL 33145  Name and Title:	Name and Title:  Address:  Name and Title:
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS ANI  Name and Title: LINA VELEZ, CEO  2292 SW 36TH AVE  MIAMI FL 33145  Name and Title:	Name and Title:  Address:  Name and Title:
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS ANI  Name and Title:  LINA VELEZ, CEO  2292 SW 36TH AVE  MIAMI FL 33145  Name and Title:	Name and Title:  Address:  Name and Title:  Address:
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS ANI  Name and Title: LINA VELEZ, CEO  2292 SW 36TH AVE  MIAMI FL 33145  Name and Title: Address:	Name and Title:  Address:  Name and Title:  Address:
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS ANI  Name and Title: LINA VELEZ, CEO  2292 SW 36TH AVE  MIAMI FL 33145  Name and Title: Address:	Name and Title:  Address:  Name and Title:  Address:

The name	and Florida street address (P.O. Box NOT accept	able) of the registered agent is:	
Name:	LINA VELEZ		
Address:	2292 SW 36TH AVE		
	MIAMI FL 33145		
ARTICL			
The <u>name</u>	and address of the Incorporator is:		
Name:	LINA VELEZ		
Address:	2292 SW 36TH AVE		
	MIAMI FL 33145		
		**************************************	ited in
	Lina Weler	08/09/2019	
	Required Signature/Registered Agent	Date	
I submit to document	his document and affirm that the facts stated herei to the Department of State constitutes a third degre	n are true. I am aware that any false information submitte e felony as provided for in s.817.155, F.S.	ed in a
dun	a Velez	08/09/2019	
	Required Signature/Incorporator	Date	

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ARTICLE VI REGISTERED AGENT