# P19000071138

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

Office Use Only

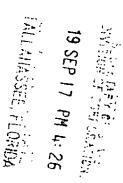
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08/23/19--01006--009 ••65.00





#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 10, 2019

MIKE M. URUETA 6460 MAIN STREET, 303 MIAMI LAKES, FL 33014

SUBJECT: MIKE M. URUETA LLC Ref. Number: W19000072573

We have received your document for MIKE M. URUETA LLC and your check(s) totaling S. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 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  $(850)\ 245-6052$ .

Keyna E Page Regulatory Specialist II

Letter Number: 319A00018573

2019 SEP -9 PH 4:

August 27, 2019

MIKE M. URUETA 6460 MAIN STREET, 303 MIAMI LAKES, FL 33014

SUBJECT: MIKE M. URUETA LLC Ref. Number: W19000072573

We have received your document for MIKE M. URUETA LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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/

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return 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.

Keyna E Page Regulatory Specialist II

Letter Number: 819A00017647

### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 8, 2019

MIKE M. URUETA 6460 MAIN STREET, 303 MIAMI LAKES, FL 33014

SUBJECT: MIKE M. URUETA LLC Ref. Number: W19000072573

We have received your document for MIKE M. URUETA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU HAVE SUBMITTED FORMS AND FEES TO CONVERT YOUR FLORIDA ENTITY OUT OF THE STATE OF FLORIDA. I HAVE ATTACHED THE CORRECT FORMS, PLEASE FILL THEMOUT AND RESUBMITT THEM WITH REMAINING BALANCE NEEDED.

Please return 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.

Keyna E Page Regulatory Specialist II

Letter Number: 219A00016244

2019 AUG 22 AHTI: 01

#### **COVER LETTER**

TO:	Charter Section Division of Cor					
SHRI	JECT: Mike Urueta	PA				
5020		Name of	Resulting Fl	orida Profit (	Corporation	
		e of Conversion, Articles Profit Corporation" in ac			es are submitted to convert an "C	Other Business
Please	e return all corresp	ondence concerning this	matter to:			
Mike	Urueta					
		Contact Person		<del></del>		
Mike	Urueta LLC					
		Firm/Company				
6460	Main Street, # 303					
		Address				
Miam	i Lakes, FL 33014					
		City, State and Zip Code	2	<del></del>		
Mikel	U.realtor@gmail.com	m				
	E-mail address: (t	o be used for future annu	ial report no	otification)		
For fi	urther information	concerning this matter,	please call:			
Mike	Urueta		at (	934-39	954	
	Name of Co	ontact Person	A	rea Code and	I Daytime Telephone Number	
Enclo	osed is a check for	the following amount:				
₽\$1	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	☐\$113.75 and Certif	Filing Fees ied Copy	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New Divis Clift	EET ADDRESS: Filings Section sion of Corporation on Building Executive Center			New F Division P. O. E	ING ADDRESS: illings Section on of Corporations Box 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.

Business Entity" into	a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.
1. The name of the "C	ther Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Mike M. Urueta L.L.C	(19-56951)
	Enter Name of Other Business Entity
2. The "Other Busines	ss Entity" is a
	(Enter entity type. Example: limited liability company, limited partnership, general parmership, 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)
on	
E	nter date "Other Business Entity" was first organized, formed or incorporated
3. If the jurisdiction of organized, formed or in N/A	the "Other Business Entity" was changed, the state or country under the laws of which it is now icorporated:
4. The name of the Fig.	rida Profit Corporation as set forth in the attached Articles of Incorporation:
Mike Urueta PA	
	Enter Name of Florida Profit Corporation
5. If not effective on the	c date of filing, enter the effective date:
- cp - initial of State,	annot be prior to nor more than 90 days after the date this document is filed by the Florida
Note: If the date insert	ed in this block does not meet the applicable statutory filing requirements, this date will not be seffective date on the Department of State's records.
	l

Page 1 of 2

19 SEP 17 PH 4:21

Signed this.	_day of <u>August</u>			9		
Required Signature	or Florida Profit	[		<del></del>		
Signature of Chairman	, Viçe Chairman.	 Director, Office	r. or, if Directors or O	fficers have not be	en selected,	an
Incorporator: Printed Name: Mike U	rueta	Title:	hief Ex	ecutive	OFF:	ie C
Required Signature(	on behalf of Ot	her Busmess Er	ntity: [See below for	required signature(	s).]	
Signature:	L U				_	
Printed Name: Mi	Ke URu	eta_	Title: Chief	Execut	ù√<	officer
Signature:						
Printed Name:	<del> </del>	! 	Title:		-	
Signature:					•	
Printed Name:		<u> </u>	Title:	<del></del>	-	
Signature:		1			•	
Printed Name:		1				
Signature:					•	
Printed Name:			Title:		,	
Signature:					,	
Printed Name:			Title:			
If Florida General Pa Signature of one Gener	 rtnership or Limi	!				
If Florida Limited Par	tnership or Limi	 ted Liability Li	mited Partnership:			
Signatures of <u>ALL</u> Ger If Florida Limited Lia	rarthers.	 				
Signature of a Member	or Authorized Rep	! resentative.				
All others: Signature of an authoriz	ted person.	,   	;		<del>-</del> .	
Fees: Certificate of C Fees for Florida Certified Copy: Certificate of St	Articles of Incom	oration S	535.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional) ge 2 of 2		ALLAHASSEE, FLORIDA	19 SEP 17 PM 4: 26

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

	II PRINCIPAL OFFICE		
The principa	l place of business/mailing address is:	:	
6460 Main S	Principal street address	Mailing address, if different is:	
#303		SAME	
Miami Lakes	, FL 33014		
ARTICLE The purpose Real Estate	III PURPOSE for which the corporation is organiz	zed is:	
<del></del>			
ARTICLE I	V SHARES		
The number of	of shares of stock is:		
The number of		OR DIRECTORS	
The number of ARTICLE	V INITIAL OFFICERS AND/C		
The number of th	V INITIAL OFFICERS AND/O	OR DIRECTORS  Name and Title:  Address:	
The number of ARTICLE  Name and Ti  Address:	V INITIAL OFFICERS AND/C tle: Mike Urueta /P R S 6460 Main Street, #303 Miami Lakes FL 33014	Name and Title:Address:	
The number of ARTICLE  Name and Ti  Address:  Name and Ti	V INITIAL OFFICERS AND/C tle: Mike Urueta /P R S 6460 Main Street, #303 Miami Lakes FL 33014	Name and Title:  Address:  Name and Title:	19 S
The number of ARTICLE  Name and Ti  Address:  Name and Ti	V INITIAL OFFICERS AND/C tle: Mike Urueta /P R S 6460 Main Street, #303 Miami Lakes FL 33014	Name and Title:  Address:  Name and Title:  Address:	19 SEP 1
The number of ARTICLE  Name and Ti Address:  Name and Ti Address:	V INITIAL OFFICERS AND/C tle: Mike Urueta /P R S 6460 Main Street, #303 Miami Lakes FL 33014	Name and Title:  Address:  Name and Title:  Address:	19 SEP 17 PM 4: 25

AKTICL	E VI REG.	STERED AGEN	! <b>7</b> T						
The name	and Florida	treet address (P.C	!≛ ). Box NOʻ	T acceptable) of the	TOGISTORAN ADOME				
Name:	Mike Unieta	,		- deceptable) of the	registered agent 15:				
Address:	6460 Main St	reet, #303							
	Miami Lakes	FL 33014							
ARTICLI	EVII IN	CORPORATOR							
The name	and address	f the Incorporator	is:						
Name:	Mike Urueta	·							
Address:	6460 Mail Str	eet, #303							
	Miami Lakes,	FL 33014							
******	*******	******	******	*******					
Having bee	n named as r	egistered agent to a	  ccept servi	ice of process for th	• • • • • • • • • • • • • • • • • • •	****			
this certific	ate, I am fami	liar with and accep	t the appoi	ice of process for th intment as registere	e above stated corp d agent and agree t	oration at ti to act in this	ne place de Capacin	signate	ed in
٠ بسر	د. در پاکست	( )	•   	~		5 WC: 177 17113	capacity		
	<u> </u>		<u>.</u>		8/16/19				
•		ature/Registered A	** **.	<del></del>	Date				
l submit thi	s document a	d affirm that the	facts stated	d herein are true. I d degree felony as n	am amm thus	64 1 6			
document to	the Departm	ent of State consfit	utes a there	I herein are true. I d degree felony as p	um uware inai any rovided for in s 817	Jalse infori	mation sub	mitted.	in a
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Ī	Required Sign	ature/Incorporator		<del></del>	6 161	19			
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