

P19000074112

(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:

Office Use Only



5003343360

09/19/19--01019--035

C RICO

SEP 19 2019

## COVER LETTER

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** CIELITO ARTISAN POPS CORP

\_\_\_\_\_  
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an 'Entity' into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

YERMY MONTESDEOCA

\_\_\_\_\_  
Contact Person

ITA SOLUTIONS CORP

\_\_\_\_\_  
Firm/Company

4987 N UNIVERSITY DR SUITE 27

\_\_\_\_\_  
Address

LAUDERHILL, FLORIDA, 33351

\_\_\_\_\_  
City, State and Zip Code

DM@ITASOLUTIONS.CO

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YERMY MONTESDEOCA

at ( 954 ) 572-5919

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$105.00 Filing Fees	<input type="checkbox"/> \$113.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$113.75 Filing Fees and Certified Copy	<input type="checkbox"/> \$122.50 Filing Fees, Certified Copy, and Certificate of Status
--	---	---	--

**STREET ADDRESS:**

New Filings Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filings Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**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 fol  
**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 Conver  
CIELITO ARTISAN POPS LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY 46-230791  
(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)

on 01/02/2017  
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 w  
organized, formed or incorporated:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**  
CIELITO ARTISAN POPS CORP

Enter Name of Florida Profit Corporation

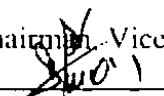
5. If not effective on the date of filing, enter the effective date:\_\_\_\_\_.

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed b  
Department of State.)

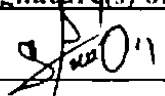
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date  
listed as the document's effective date on the Department of State's records.

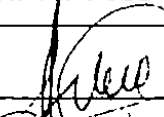
Signed this <sup>29</sup> day of AUGUST, 20<sup>19</sup>.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, Incorporator:   
Printed Name: SINDY POSSO Title: PRESIDENT

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature:   
Printed Name: SINDY POSSO Title: AMBR

Signature:   
Printed Name: IVAN SUSSMAN Title: AMBR

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 Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

**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: CIELITO ARTISAN POPS CORP

**ARTICLE II     PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address  
2750 NW 3RD AVE  
Suite 20A  
MIAMI, FL 33127

Mailing address, if different is:  
2750 NW 3RD AVE  
Suite 20A  
MIAMI, FL 33127

**ARTICLE III     PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV     SHARES**

The number of shares of stock is: 1000

**ARTICLE V     INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: SINDY POSSO - PRESIDENT  
Address: 2750 NW 3RD AVE SUITE 20A  
MIAMI, FL 33127

Name and Title: N/A  
Address: N/A  
N/A

Name and Title: N/A  
Address: N/A  
N/A

Name and Title: IVAN SUSSMAN - VP/S  
Address: 2750 NW 3RD AVE SUITE 20A  
MIAMI, FL 33127

Name and Title: N/A  
Address: N/A  
N/A

Name and Title: N/A  
Address: N/A  
N/A

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: ITA SOLUTIONS CORP  
Address: 4987 N UNIVERSITY DR SUITE 27  
LAUDERHILL, FL 33351

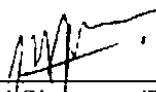
**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

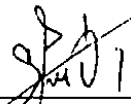
Name: SINDY POSSO  
Address: 2750 NW 3RD AVE SUITE 20A  
MIAMI, FL 33127

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated corporation at the this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this c*

 08/28/2019  
Required Signature/Registered Agent Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false inform document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

 08/28/2019  
Required Signature/Incorporator Date