(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



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COVER LETTER

T	O:

Charter Section Division of Corporations

SUBJECT: Carib EcoSolutions, 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:

Len Burricks				
	Contact Person		•	
Carib EcoSolutions, LL	С			
	Firm/Company		•	
18363 NE 4th Court				
	Address			
North Miami Beach, FL	33179			
	City, State and Zip Cod	e	•	
info@caribecosolutions	s.com			
E-mail address: (t	o be used for future annu	ual report notificat	tion)	
For further information	concerning this matter,	please call:		
Len Burricks		305 at (846-6	567
Name of Co	ontact Person	Area Co	ode 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 Filing and Certified Co	•	■\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filings Section				ING ADDRESS:

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

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 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:
Carib EcoSolutions, LLC
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
(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)
10/08/2018
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:
Carib EcoSolutions, 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



Signed thisday of	
Required Signature for Florida Profit Corporation	
Signature of Chairman, Nigh Chairman Director, Offi Incorporator: Len Burneks Title: Chairm	icer, 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: Len Burricks	
Len Burricks/	Title: Mgr
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y 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 I NAME The name of the corporation sl	Carib EcoSolutio	ons, Inc	
ARTICLE II PRINCIP			
The principal place of business			
Principal stre	et address		Mailing address, if different is:
North Miami Beach, FL 33179		-	
ARTICLE III PURPOS The purpose for which the co	<u>:E</u>	e·	
• •			which corporations may be incorporated
under the general corporation	law of Florida		
		· · · · · · · · · · · · · · · · · · ·	
	•		
		<u>.</u>	
ADTICLE III CHADEC			
ARTICLE IV SHARES The number of shares of stock			
ARTICLE V INITIAL C		<u>DIRECTORS</u>	
Name and Title: Len Burricks,	Chairman	Name and Titl	Ricardo Burricks, Director
Address: 18363 NE 4th	Court	Address:	18363 NE 4th Court
North Miami B	each, FL 33179		North Miami Beach, FL 33179
Name and Title:	cks, Director	Name and Titl	v:
Address: 18363 NE 4th	Court	Address:	
North Miami E	Beach, FL 33179		
Name and Title:		Name and Titl	e:

Address: 269 N. University Drive, Suite A Pembroke Pines, FL 33024 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Len Burricks 18363 NE 4TH Court North Miami Beach, FL 33179 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity: Required signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 44(1) C 10/10/2019 Required Signature/Incorporator Date	Name:	Chester G. McLeod, Esq.	
The name and address of the Incorporator is: Len Burricks Name: Address: North Miami Beach, FL 33179 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity CHESTER MACECY Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 10/10/2019	Address:	269 N. University Drive, Suite A	
The name and address of the Incorporator is: Name: Len Burricks		Pembroke Pines, FL 33024	
Name: Address: 18363 NE 4TH Court			
North Miami Beach, FL 33179 Having been named as registered agont to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity CHC-SEK MALECI Required signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in addocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 10/10/2019	The <u>name</u>	e and address of the Incorporator is:	
North Miami Beach, FL 33179 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity CHCSEK IMAGE! Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 10/10/2019	Name:	Len Burricks	
Having been named as registered agont to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity C/C-S/EK INCEC Date Required signature/Registered Agent Date I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Uffic 10/10/2019	Address:	18363 NE 4TH Court	
this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity CHCS/EK INCLECY Required bignature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Utilic 10/10/2019		North Miami Beach, FL 33179	
I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Uffic 10/10/2019			
Duiric (10/10/2019		ficate, I am famitjar with and decept the appointme	nt as registered agent and agree to act in this capacity (AFC)
	this certif	Required Signalure/Registered Agent this document and affirm that the facts stated here	nt as registered agent and agree to act in this capacity (AFC) Date Date in are true. I am aware that any false information submitted in a
Required Signature/Incorporator Date	this certif	Required Signalure/Registered Agent this document and affirm that the facts stated here	nt as registered agent and agree to act in this capacity (AFC) Date Date in are true. I am aware that any false information submitted in a
	this certif	Required Eignalure/Registered Agent this document and affirm that the facts stated here to the Department of State constitutes a third deg	nt as registered agent and agree to act in this capacity (AEC) Date Date in are true. I am aware that any false information submitted in a ree felony as provided for in s.817.155, F.S.