

P1900082976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

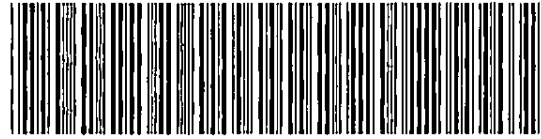
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COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: ABC HAPPY HOMES

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:

Shadi Badran

Contact Person

iTAX Financial Group LLC

Firm/Company

2960 Vineland Rd, Ste E

Address

Kissimmee, FL 34746

City, State and Zip Code

GreenShadi@gmail.com

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

For further information concerning this matter, please call:

Shadi Badran

at (407) 507 - 0507

Name of Contact Person

Area 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 Filing Fees and Certified Copy
- \$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

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 TALLAHASSEE, FL

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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:

ABC HAPPY HOMES LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited 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 FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on 12 / 08 / 2016
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**:

ABC HAPPY HOMES INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 01/01/2020
(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.

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SECTION
FALLAH/SST

Signed this 3RD day of OCTOBER, 2019

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

Printed Name: ADEL ALZAROUNI Title: PRESIDENT

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

Signature: [Signature]

Printed Name: ADEL ALZAROUNI 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 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)

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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: ABC HAPPY HOMES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address	Mailing address, if different is:
<u>2960 Vineland Rd, Ste E</u>	<u>113 E 7th Street, Unit 1005</u>
<u>Kissimmee, FL 34746</u>	<u>TEMPE, AZ 85281</u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All and any lawful business activities

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TALANDESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Adel Alzarouni [President]</u>	Name and Title: _____
Address: <u>113 E 7th Street, Unit 1005</u>	Address: _____
<u>TEMPE, AZ 85281</u>	_____
Name and Title: <u>Abdulkareem Alzarouni [President]</u>	Name and Title: _____
Address: <u>113 E 7th Street, Unit 1005</u>	Address: _____
<u>TEMPE, AZ 85281</u>	_____
Name and Title: <u>Naeema Alzarouni [President]</u>	Name and Title: _____
Address: <u>113 E 7th Street, Unit 1005</u>	Address: _____
<u>TEMPE, AZ 85281</u>	_____

ARTICLE VI REGISTERED AGENT

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

Name: iTAX Financial Group LLC
Address: 2960 Vineland Rd. Ste E
Kissimmee, FL 34746

ARTICLE VII INCORPORATOR

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

Name: Adel Alzarouni
Address: 113 E 7th Street, Unit 1005
TEMPE, AZ 85281

.....
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

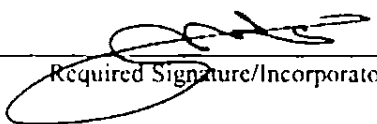


Required Signature/Registered Agent

10/03/2019

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.



Required Signature/Incorporator

10/03/2019

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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