

P20000007946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

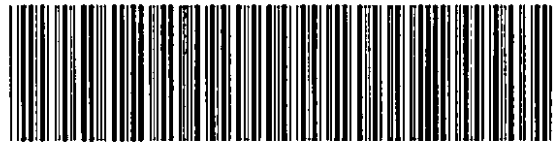
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2020 JAN 22 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MOON

JAN 29 2020

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Converting a NC Business into a Florida Corporation / Business Name: LATITUD 35 CORP
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:

Ignacio Porto

Contact Person



Firm/Company

3800 S OCEAN DR ST 217

Address

HOLLYWOOD BEACH FL 33019

City, State and Zip Code

ignacio.porto.27.04@gmail.com

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

For further information concerning this matter, please call:

Ignacio Porto

at (**321**)

574-6428

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 |
|---|---|---|--|

Mailing Address:

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

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

LATITUD 35 Corp

Enter Name of Other Business Entity

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

on April 1st, 2019
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:

HOLLYWOOD BEACH FL 33019

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

LATITUDE 34 MVD 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 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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 18th day of December, 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: _____ Title: _____

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

Signature: _____

Printed Name: Ignacio Porto Title: President

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: LATITUDE 34 MVD Corp

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

3800 S OCEAN DR ST 217

HOLLYWOOD BEACH FL 33019

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CARRIER FOR HIRE

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ignacio Porto / President

Name and Title: _____

Address: 3800 S OCEAN DR ST 217

Address: _____

HOLLYWOOD BEACH FL 33019

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

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

Name: _____ (president: Ignacio Porto)

Address: 3800 S OCEAN DR ST 217
HOLLYWOOD BEACH FL 33019

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____ (president: Ignacio Porto)

Address: 3800 S OCEAN DR ST 217
HOLLYWOOD BEACH FL 33019

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DEC 18th, 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

DEC 18th, 2019

Date