# P20000018808

(R	requestor's Name)	
(A	ddress)	
(A	ddress)	
(C	city/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Name)	
(C	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
<u> </u>		

Office Use Only

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### COVER LETTER

Charter Section
Division of Corporations

TO:

Tallahassee, FL 32301

SUBJECT: BARTO	OMEO REALTY INC					·
	Name of	Resi	ılting Flo	rida F	Profit	Corporation
	te of Conversion, Article Profit Corporation" in ac					ees are submitted to convert an "Other Business 15, F.S.
Please return all corres	pondence concerning thi	s ma	tter to:			
ADAM BARTOMEO						
	Contact Person		,	_		
BARTOMEO LLC						
-	Firm/Company					
19 DEL PRADO BLVD	N UNIT E					
	Address					
CAPE CORAL, FL 3390	9					
	City, State and Zip Code	2				
ADAMBARTOMEO@N	MSN.COM					
E-mail address: (1	o be used for future annu	ıal re	port noti	fication	on)	
For further information	concerning this matter,	pleas	e call:			
ADAM BARTOMEO		at (	239	)	220	0-0735
Name of Co	ontact Person	(	Are	a Coc	le 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 F Certified	_		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building 2661 Executive Center				N D P	ew F ivisio . O. B	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314

#### **Certificate of Conversion**

For

#### "Other Business Entity"

Into

#### Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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:
BARTOMEO LLC (LIV - 226227)
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 ofFLORIDA
(Enter state, or if a non-U.S: entity, the name of the country)
09/29/2018 on
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:
NO CHANGE
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:  BARTOMEO REALTY 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 ofJANUARY		, 20
Required Signature for Florida Profit Corp	oration:	
Signature of Chairman, Vice-Chairman, Direct Incorporator:  Printed Name: ADAM BARTOMEO Title:	eor, Officer, or, if Directors	or Officers have not been selected, an
Required Signature(s) on behalf of Other B	usiness Entity: [See below	w for required signature(s).]
Signature:		
Printed Name: ADAM BARTOMEO	Title: PVST	
Signature:		
Printed Name:		
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	<del></del>
If Florida General Partnership or Limited L Signature of one General Partner.	iability Partnership:	
If Florida Limited Partnership or Limited L Signatures of <u>ALL</u> General Partners.	iability Limited Partners	ship:
If Florida Limited Liability Company: Signature of a Member or Authorized Represer	ntative.	
All others: Signature of an authorized person.		SECRETARY TALEARY
Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation Certified Copy: Certificate of Status:	\$35.00 on: \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

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

ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
Principal street address 19 DEL PRADO BLVD N	Mailing add	ress, if different is:
UNITE		
CAPE CORAL FL 33909		
ARTICLE III PURPOSE		
The purpose for which the corporation is organized	18:	
ANY AND ALL LEGAL BUSINESS.		
		<u> </u>
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APTICI P III CHAPPC		
ARTICLE IV SHARES 10,000		
ARTICLE IV SHARES The number of shares of stock is:		
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR		
ARTICLE IV SHARES The number of shares of stock is:	DIRECTORS	SE TA
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR  Name and Title:  ADAM BARTOMEO PVST	<b>DIRECTORS</b> Name and Title:	SECR. A
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR  Name and Title:  ADAM BARTOMEO PVST  19 DEL PRADO N, SUITE E	DIRECTORS	SECRE ARE
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR  Name and Title:  ADAM BARTOMEO PVST  19 DEL PRADO N, SUITE E  CAPE CORAL, FL 33909	DIRECTORS  Name and Title:  Address:	SECR. JANY
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR  Name and Title:  ADAM BARTOMEO PVST  19 DEL PRADO N, SUITE E  CAPE CORAL, FL 33909	DIRECTORS  Name and Title:  Address:	SECRIANISSEE.
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR  Name and Title:  ADAM BARTOMEO PVST  19 DEL PRADO N, SUITE E  CAPE CORAL, FL 33909	DIRECTORS  Name and Title:  Address:	SECR. IANY & SON
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR  Name and Title:  ADAM BARTOMEO PVST  19 DEL PRADO N, SUITE E  CAPE CORAL, FL 33909  Name and Title:	Name and Title:  Address:  Name and Title:	SECRITAL ARTISSEE FL
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR  Name and Title:  ADAM BARTOMEO PVST  19 DEL PRADO N, SUITE E  CAPE CORAL, FL 33909  Name and Title:	Name and Title:  Address:  Name and Title:	SECR. IANY & SON
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR  Name and Title:  ADAM BARTOMEO PVST  19 DEL PRADO N, SUITE E  CAPE CORAL, FL 33909  Name and Title:  Address:  Address:	DIRECTORS  Name and Title:  Address:  Name and Title:  Address:	SECRIANY SEE FL
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR  Name and Title:  ADAM BARTOMEO PVST  19 DEL PRADO N, SUITE E  CAPE CORAL, FL 33909  Name and Title:  Address:  Address:	DIRECTORS  Name and Title:  Address:  Name and Title:  Address:	SECRIANY SEE FL

	E VI REGISTERED AGENT	
The name	e and Florida street address (P.O. Box NO	T acceptable) of the registered agent is:
Name:	ADAM BARTOMEO PVST	
Address:	19 DEL PRADO BLVD N. SUITE E	
	CAPE CORAL, FL 33909	
<u>ARTICL</u>	E VII INCORPORATOR	
The <u>name</u>	and address of the Incorporator is:	
Name:	ADAM BARTOMEO PVST	
Address:	19 DEL PRADO BLVD N, SUITE E	
	CAPE CORAL, FL 33909	
	<del></del>	
******	************	*************
Having be this certifi	en named as registered agent to accept servicate, I am familiar with and accept the appo	vice of process for the above stated corporation at the place designated in ointment as registered agent and agree to act in this capacity
X L	Bart	1/31/20
7	Required Signature/Registered Agent	Date
l submit tl locument	his document and affirm that the facts state to the Department of State constitutes a thii	ed herein are true. I am aware that any false information submitted in a red degree felony as provided for in s.817.155, F.S.
6	/ - /-	
	- Fill	1/31/20
	Required Signature/Incorporator	Date