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(Reque:	stor's Name)	
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(City/Sta	ate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filin	g Officer:	

Office Use Only



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D O'KEEFE MAR 0 4 2020

W20-15764



February 14, 2020

GEORGE TARASENKO 11 SOUTHWEST DRIVE SOUTH YARMOUTH, MA 02264

SUBJECT: TARASOFT INC. Ref. Number: W20000015764

We have received your document for TARASOFT INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide missing signatures in the Certificate of Conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 020A00003399

COVER LETTER

TO:	Charter Section Division of Co							
CHR	JECT:	TA	RASOFT INC.					
300	лест. <u> </u>		Resulting Flor	ida Profit	Corporation	-		
		ite of Conversion, Article Profit Corporation" in ac			ees are submitted to conve 15, F.S.	ert an "Oth	er Bus	siness
Pleas	e return all corres	spondence concerning thi	s matter to:					
OLG	A KALYANOVA							
		Contact Person	· · · · · · · · · · · · · · · · · · ·	 \				
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		City, State and Zip Cod	e			3	+	
okaly	anova@tfgcpa.con	n						
	E-mail address: (to be used for future ann	ual report notif	ication)				
For f	urther information	n concerning this matter,	please call:					
01,G	A KALYANOVA		at (305	931 9	212			
	Name of C	Contact Person		a Code and	d Daytime Telephone Nur	nber		
Enclo	osed is a check fo	or the following amount:						
≡ \$1	105.00 Filing Fee	s □\$113.75 Filing Fees and Certificate of Status	□\$113.75 Found Certified		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status			
	Mailing Add New Filing S Division of C P.O. Box 633 Tallahassee,	Section Corporations 27		New I Divisi The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite	: 810		

Tallahassee, FL 32303

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.

The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:	
TARASOFT INC.	
Enter Name of Other Business Entity	
The "Other Business Entity" is a	
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)	
rst organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name of the country)	
11/04/1991 1	
Enter date "Other Business Entity" was first organized, formed or incorporated	
If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is no ganized, formed or incorporated:	w
IASSACHUSETTS	
The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:	
, TARASOFT INC.	
Enter Name of Florida Profit Corporation	
If not effective on the date of filing, enter the effective date:	
he effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Flori epartment of State.)	
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ted as the document's effective date on the Department of State's records	

Signed this <u>OL</u> day of <u>Janua</u>	20 LD	
Required Signature for Florida Profit Corporation	<i>(</i> / <u>≟</u>	
Signature of Chairman, Vice Chairman Director, Off Incorporator: Printed Name: GEORGE TARABENKO Title: PRESID	cer, on if Directors or Officers have not been s	elected, an
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(s).]	
Signature: Year Wase	2M	
Printed Name GEORGE TARASENKO		
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 Signature of one General Partner.	y Partnership:	5.6
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	•	Maria Maria
All others: Signature of an authorized person.		
Face		2.

Page 2 of 2

\$35.00

\$70.00

\$8.75 (Optional) \$8.75 (Optional)

Certificate of Conversion:

Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:

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

The name of the corporation shall be: TARASOFT INC.	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address 19370 COLLINS AVE., # 1018	Mailing address, if different is: SAME
SUNNY ISLES BEACH, FL 33160	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
ANY LAWFULL PURPOSE	
	20 C)
	<u> </u>
	77.5
ARTICLE IV SHARES The number of shares of stock is: 2	
ARTICLE V INITIAL OFFICERS AND/OR DE	RECTORS
Name and Title: GEORGE TARASENKO	Name and Title: JANA TARASENKO
Address: 19370 COLLINS AVE., #1018	Address: 19370 COLLINS AVE., #1018
SUNNY ISLES BEACH, FL 33160	SUNNY ISLES BEACH, FL 33160
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	
Address:	Address:

ARTICL	E VI REGISTERED AGENT	
The name	and Florida street address (P.O. Box NO	Γ acceptable) of the registered agent is:
Name:	GEORGE TARASENKO	
Address:	19370 COLLINS AVE., #1018	
	SUNNY ISLES BEACH, FL 33160	
ARTICL	E VII INCORPORATOR	
The name	and address of the Incorporator is:	
Name:	GEORGE TARASENKO	
Address:	19370 COLLINS AVE., #1018	
	SUNNY ISLES BEACH, FL 33160	
****	********	*******
this certifi	een namea as registerea agent to accept se icate, I am familiar with and accept the ap	vice of process for the above stated corporation at the place designated in ointment as registered agent and agree to act in this capacity
gu	of Towasers	1/2/2020
	Required Signature/Registered Agent	Date
I submit t	his document and affirm that the facts sta	ed herein are true. I am aware that any false information submitted in a
document	to the Department of State constitutes a th	ird degree felony as provided for in s.817.155, F.S.
Geo	s Tarascoli	1/2/2020
	Required Signature/Incorporator	Date

20 FEB 24 AH 10: 24