

P20000022892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

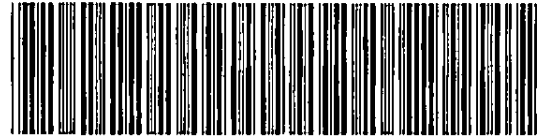
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/27/20--01030--003 **315.00

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20 MAR -2 PM 6:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAR 17 2020

W20-16745



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2020

ERIC AMSALLEM
FI CAPITAL LLC
15807 BISCAYNE BLVD. #101
NORTH MIAMI BEACH, FL 33160

SUBJECT: FI CAPITAL INC
Ref. Number: W20000016745

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for FI CAPITAL INC and your check(s) totaling \$315.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

The name of the Florida profit corporation listed on line 4 in the Certificate of Conversion does not match the entity name listed in Section I of the Articles of Incorporation.

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: 220A00003575

*Corrected
See Attached*

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2020 MAR -2 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

best

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:
FI CAPITAL LLC

Enter Name of Other Business Entity
LIMITED LIABILITY COMPANY

2. The "Other Business Entity" is a _____
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

FLORIDA

first organized, formed or incorporated under the laws of _____
(Enter state, or if a non-U.S. entity, the name of the country)

03/13/17

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:

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

Enter Name of Florida Profit Corporation

JANUARY FIRST 2020

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.

9

JANUARY

2020

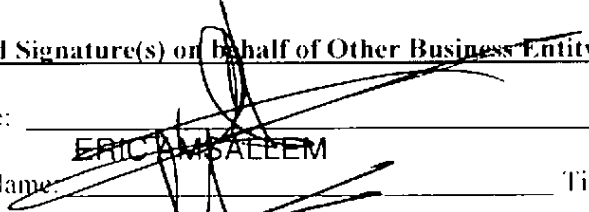
Signed this _____ day of _____, 20_____.


Required Signature for Florida Profit Corporation:

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

Printed Name: ERIC AMSALLEM Title: PRESIDENT

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

Signature: 
Printed Name: ERIC AMSALLEM Title: MGR

Signature: 
Printed Name: DAVID AMSALLEM Title: MGR

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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TALLAHASSEE, FLORIDA

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

ARTICLE I NAME FI CAPITAL INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

15807 BISCAYNE BLVD #101

NORTH MIAMI BEACH , FL., 33160

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate Investment Advisor

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2013-07-2 11:06:16
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES 1000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Eric AMSALLEM , PRESIDENT

Name and Title: _____

5435 LA GORCE DR

Address: _____

MIAMI BEACH FL 33140

David AMSALLEM , PRESIDENT

Name and Title: _____

15807 BISCAYNE BLVD #101

Address: _____

NORTH MIAMI BEACH , FL., 33160

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

ERIC AMSALLEM

Name: _____
15807 BISCAYNE BLVD #101

Address: _____
NORTH MIAMI BEACH FL 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ERIC AMSALLEM

Name: _____
15807 BISCAYNE BLVD #101

Address: _____
NORTH MIAMI BEACH FL 33160

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

01/10/2020

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

01/10/2020

Date

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2020-01-10 16:16
STATE OF FLORIDA
TALLAHASSEE, FLORIDA