

P200 0002 6650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

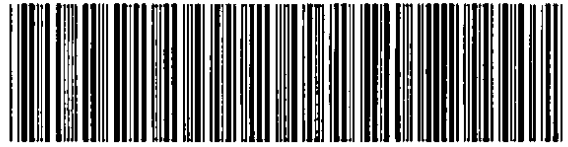
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600338139776

01/03/20--01009--003 **122.50

FILED
20 MAR 24 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O'KEEFE

MAR 27 2020

W20-11540



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2020

ALDO MARCHANTE
MOBILEPHEVER LLC
217 HAMMOCK OAK CIR
DEBARY, FL 32713

SUBJECT: LW-WALLET COMPNAY
Ref. Number: W20000011540

We have received your document for LW-WALLET COMPNAY and your check(s) totaling \$. 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), s.607.1622(9) and/or 607.1622(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.

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: 820A00005870

FILED
20 MAR 24 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2020

ALDO MARCHANTE
MOBILEPHEVER LLC
217 HAMMOCK OAK CIR
DEBARY, FL 32713

SUBJECT: LW AND CO.
Ref. Number: W20000011540

We have received your document for LW AND CO. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

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: 920A00002571

RECEIVED
2020 MAR -5 AM 11:00
I made the
Correction to the
Thank you.
Mike [Signature]

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: _____ L.W. - Wall + Company
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:

Aldo MARCHANTE
Contact Person

Mobile Phever LLC
Firm/Company

217 Hammock Oaks Cir
Address

Debarry FL 32713
City, State and Zip Code

Hello@shopluxewallet.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aldo Marchante at (407) 921-9279
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 ☐ \$113.75 Filing Fees ☒ \$122.50 Filing Fees,
and Certificate of and Certified Copy Certified Copy, and
Status 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

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:

MobilePhoner Sales & Service 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, USA
(Enter state, or if a non-U.S. entity, the name of the country)

on 02/02/2018
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:

Florida, USA

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

LW-WALLET Company, V
Enter Name of Florida Profit Corporation

January 01 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.

Signed this 30 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: Aldo C Marchante

Printed Name: Aldo C MARCHANTE Title: CEO / chairman

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

Signature: Aldo C Marchante

Printed Name: Aldo Marchante Title: Manager

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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20 MAR 24 PM 12:10
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: LW - WALLET Company

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

217 HAMMOCK OAK CIR

Debury, FL 32713

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail Sales of wallets and leather Goods.

Service of Product Sold.

Online/Internet Retail Sales.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aldo C MARCHANTE /CEO Name and Title: _____

Address: 217 Hammock Oak Cir Address: _____

Debury FL 32713

Name and Title: Amanda J. MARCHANTE /VP Name and Title: _____

Address: 217 Hammock Oak Cir Address: _____

Debury, FL 32713

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Aido MARCHANTE

Address: 217 HAMMOCK CIR
Dobson FL 32713

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Aido MARCHANTE

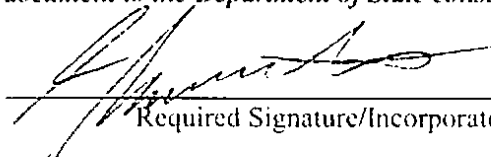
Address: 217 HAMMOCK CIR
Dobson FL 32713

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

12/30/2019
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

12/30/2019
Date

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20 MAR 24 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA