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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
. (Business Entity Name)
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ZUIS MOVELOUER ZELL SECRETARY OF STATE ALL AHASSEE, ELMOIN

COVER LETTER

TO:

New Filing Section Division of Corporations

SUBJECT: TAKE A BED, CORP

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

MARIA A. I	MORA						
	Contact Person						
MARIA A. I	MORA						
	Firm/Company		_				
2647 SW 2	7TH CT						
	Address	<u> </u>					
MIAMI, FL	33133						
	City, State and Zip Cod	c	_				
cmoramaria	a@aol.com						
E-mail address: (t	to be used for future ann	ual report notifi	cation)		-1	• 3	
For further information	concerning this matter,	please call:			A C	019	
Maria A. Mo	ora	at (305	,20	67926	AHV	2019 NOV 18 PM	71
Name of Co	ontact Person	Area	/	l Daytime Telephone Number	ARY ASSE	8	FILE
Enclosed is a check for	the following amount:				@ ₫	P	Ö
■ \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fili and Certified C		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	FLORIDA	12:11	
Mailing Addr	ess:		Street	Address:			

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

	Enter Name of the Converting Entity
2. The converting en	tity is a LLC
	(Enter entity type. Example: limited liability company, limited partnership general partnership, common law or business trust, etc.)
first organized, forme	ed or incorporated under the laws of FLORIDA
n 10/16/201	(Enter state, or if a non-U.S. entity, the name of the country)
	Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the F	lorida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u>
	Enter Name of Florida Profit Corporation

- 4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.
- 5. If not effective on the date of filing, enter the effective date: 01/01/2019
 (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.

FILED
2019 NOV 18 PM 2: 11
SECRETARY OF STAFE
TALLAHASSEE, FLOBIC,

Signed this 26th day of MARCH	20	
Required Signature for Florida Profit Corporation	<u></u>	
Signature of Director, Officer, or, if Directors or Officer	cers have not been selected, an Incorporato	r:
Printed Name:Title:		
Required Signature(s) on behalf of Converting Flocompanies: [See below for required signature(s).]		and limited liability
Signature: FERNAND FURTINI		_
Printed Name: Fernando Fortini	President	
Signature:		_
Printed Name:		_
Signature:		_
Printed Name:		_
Signature:		
Printed Name:		
Signature:		_
Printed Name:	Title:	_
Signature:		
Printed Name:		
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		201 SEL
All others: Signature of an authorized person.		FIL 2019 NOV 18 SECRETARY NLLAHASSER
Fees: Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	V 18 PH 2: 11 ARY OF STATE (SSEE, FLORIDA

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The number of shares of stock is: 1000 ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: FERNANDO FORTINI 1915 HOLLYWOOD BLVD SUITE 202	
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: PURPOSE The purpose for which the corporation is organized is: ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: PRESIDENT Address: Address:	
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: FERNANDO FORTINI Address: 1915 HOLLYWOOD BLVD, SUITE 202 Address: Address: ARTICLE III PURPOSE The purpose for which the corporation is organized is: 1000 ARTICLE IV SHARES 1000 Name and Title: PRESIDENT Address:	
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: FERNANDO FORTINI Address: Name and Title: PRESIDENT Address: Address:	
The number of shares of stock is: 1000 ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: FERNANDO FORTINI Address: PRESIDENT Address: Address:	
The number of shares of stock is: 1000 ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: FERNANDO FORTINI Address: 1915 HOLLYWOOD BLVD, SUITE 202 Address: Address:	_
The number of shares of stock is: 1000 ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: FERNANDO FORTINI Address: PRESIDENT Address: Address:	
The number of shares of stock is: 1000 ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: FERNANDO FORTINI Address: 1915 HOLLYWOOD BLVD, SUITE 202 Address: Address:	
Name and Title: FERNANDO FORTINI Address: PRESIDENT Name and Title: PRESIDENT Address: Address:	_
Address: 1915 HOLLYWOOD BLVD,SUITE 202 Address:	
	
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Name and Title:Name and Title:	
Address: Address: Address: Name and Title: Nam	81 AON 5107
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Name and Title: Name and Title:	S < T
Name and Title: Name and Title: The Address: Address:	NOV 18 PM

ARTICL	E VI_REGISTERED AGENT		
The name	and Florida street address (P.O. Box NOT accep	table) of the registered agent is:	
Name:	FERNANDO FORTINI		
Address:	1915 HOLLYWOOD BLVD STE 202		
	HOLLYWOOD, FL 33020		
ARTICL			
The name	and address of the Incorporator is:		
Name:	FERNANDO FORTINI		
Address:	1915 HOLLYWOOD BLVD STE 202		
	HOLLYWOOD, FL 33020		
+++++++ Having be	**************************************	******** process for the above stated corporation at the place	designated in
		nt as registered agent and agree to act in this capacit	
	fanherforten	11/08/2019	
	Required Signature/Registered Agent	Date	
	this document and affirm that the facts stated here to the Department of State constitutes a third degr	in are true. I am aware that any false information : ree felony as provided for in s.817,155, F.S.	submitted in i
	lenfufut.	11/08/2019	
	Required Signature/Incorporator	Date	

FILED
2019 NOV 18 PM 2: 11
SECKETARY OF STATE
TALLAHASSEE, FLORIDA