P20000037356

(Requestor's Name)		
(Addr	ess)	
(Addı	ess)	<u> </u>
(City/	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Docu	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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02/03/20--01039--011 **105.00



M SIMMONS

FEB 03

M SIMMONS FEB 03 2020



February 25, 2020

DHINA BERGER 7740 SOUTHSIDE BLVD JACKSONVILLE, FL 32256 US

SUBJECT: EXPANSION USA, INC. Ref. Number: W20000020069

We have received your document for EXPANSION USA, INC. and check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

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.

Letter Number: 720A00004139

Carlos E Rico Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

Charter Section

Division of Co	porations			
SUBJECT: EXPANSION USA Inc.				
		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 corresp	oondence concerning this	s matter to:		
سر ياب	Dhina Be Contact Person	rger		
A	Contact Person	O		
Expa	ANSCON USA Firm/Company	Inc		
· · · · · · · · · · · · · · · · · · ·	Firm/Company			
7740 Se	juthside &	3/vard		
· servery servery	Address	,		
10ck500	sille, Flor	ida, 3225	76	•
, ,	City, State and Zip Code	· /		#
China De	o be used for future annu	·		07
·		•		
	concerning this matter, p	0 / -	10 01	
STOVE LA	WIS		19-7990	
Name of Co	ontact Person	Area Code 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 Filing Fees and Certified Copy	□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	5 997
STREET ADDRESS:			ING ADDRESS:	
New Filings Section Division of Corporation	ne.		ilings Section on of Corporations	•
Clifton Building	19		Sox 6327	
2661 Executive Center Tallahassee, FL 32301	Circle	Tallaha	issec, FL 32314	-; <u>0.7</u> ;

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:
ExpanSian OSA LLC Enter Name of Other Business Entity
Enter Name of Other Business Entity
2. The "Other Business Entity" is a LIMITED LIABILITY CAPPUL LIQUODO OL8 (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 Tishing
(Enter state, or if a non-U.S. entity, the name of the country)
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:
Expression USA Two Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: VI 15, 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.

Page 1 of 2

Signed thisday ofSEDTEMBLE	<u></u>	
Required Signature for Florida Profit Corporation:	•	
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Printed Name: Title:	er, or, if Directors or Officers have not been selec	eted, an
Required Signature(s) on behalf of Other Business I	Entity: [See below for required signature(s).]	
Signature: Dhina Berger		
Printed Name: Printed Name:	-rille: Tresodent	
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 Signatures of ALL General Partners.	Limited Partnership:	
If Florida Limited Liability Company:		
Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.		22
Fees:		
Certificate of Conversion: Fees for Florida Articles of Incorporation:	\$35.00 \$70.00	•
Certified Copy:	\$8.75 (Optional)	•
Certificate of Status:	\$8.75 (Optional)	~ .

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: Sypansion USA, Inc.			
	······································		
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:			
Principal street address	Mailing address, if different is:		
Dritte Coull and internal			
7740 South side Briand. Jacksonville FL 32256	·		
Hacksonville TL 32216			
ARTICLE III PURPOSE			
The purpose for which the corporation is organized is:			
Painting and remode	lino		
Jewillia Ema. remoco	(R)		
			
	· 		
	 -		
ARTICLE IV SHARES The number of shares of stock is:			
ARTICLE V INITIAL OFFICERS AND/OR DIR	(
Name and Title: William Durger Fre	Name and Title:		
Address:	Address:		
Name and Title:	Name and Title:		
Address:	Address:		
			
Name and Title:			
Address:			
			

4 5 50 5		
ARTIC The nam	CLE VI REGISTERED AGENT me and Florida street address (P.O. Box NOT acceptable) of	the mariators I am a s
- 110 <u>11411</u>		the registered agent is:
Name:	SIEUF LEWIS	
Address:	MIDDIEBURG FL 32068	o)
	MIDDIEBURG, FL 32068	3
ARTIC	LE VII INCORPORATOR	
The nam	ne and address of the Incorporator is:	
Name:	Thina Dover	
Address:	: 2240 South side	
	12/vard TX-FL 32256	
	,	
*****	*****	*******
Having h his certif	been named as legistered agent to accept service of process for ificate, Nam familiar with and accept the appointment as regis	or the above stated corporation at the place designated in stered agent and agree to act in this capacity
	When the	9/9/19
	Required Signature/Registered Agent	Date
submit i	this document and affirm that the facts stated herein are tru	e. I am aware that any false information submitted in a
locumen	nt to the Department of State constitutes a third degree felony	as provided for in s.817.155, F.S.
	Jungert	9/9/19
	Required Signature/Incorporator	Date

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