P200004/00/

(Requestor's Name)		
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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U O'KEEFE



W20-32533



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 26, 2020

DAVID VERAS SUNSHINE STATE BUYERS LLC 2730 W 61ST PL APT 106 HIALEAH, FL 33016

SUBJECT: SUNSHINE STATE BUYERS INC

Ref. Number: W20000032533

We have received your document for SUNSHINE STATE BUYERS INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The correct forms are enclosed. Please complete and return with an additional payment of \$80.00.

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

2020 HAY 26 PM 3: 0

Letter Number: 120A00006621

COVER LETTER

Tallahassee, FL 32314

TO:		Corporations				
SUBJ	ECT:	SUNSHIFE S	STATE	RUYERS	Inc	
., ., .,		Nan	ne of Resul	ting Florida Profi	Corporation	
					s are submitted to convert the fe 933 & 607.0202, F.S.	ollowing eligible
Please	return all corr	espondence concernin	g this matt	er to:		
1	DAUJO V	E(LKS Contact Person	<u>. </u>			
		Contact Persor	1			
		Firm/Company	,			
27	130 W 6	1ST PL APT Address	106	<u></u>		
_Н	JALEAH	FL 33016 City, State and Zip	Code			
<u> 'O'</u>	AVXV) (Q. 5) E-mail address	UNSYLVE STATE : (to be used for future	annual rep	S. WM port notification)		
For fu	rther informati	ion concerning this ma	tter, please	e call:		
	Name of	Contact Person	at (_) Area Code an	d Daytime Telephone Number	
Enclo	sed is a check t	for the following amou	int:			
∑ sıo	05.00 Filing Fe	ees S113.75 Filing land Certificate of Status		113.75 Filing Fees Certified Copy	☐\$122.50 Filing Fees. Certified Copy, and Certificate of Status	
	Mailing Ad New Filing Division of P.O. Box 61	Section Corporations		New Divis	t Address: Filing Section ion of Corporations 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 <u>and attached Articles of Incorporation</u> are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
SUNSHIVE STATE BLYENS LIC
Enter Name of the Converting Entity
2. The converting entity is a LINTITED LIADILITY CUMPANY
(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 FLONIOA
(Enter state, or if a non-U.S. entity, the name of the country)
on 07/22/2019 Enter date "Converting Entity" was first organized, formed or incorporated.
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida 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: (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florid: Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lived by the date inserted.
listed as the document's effective date on the Department of State's records.

Signed this 18 TH day of NAY	. 20 20		
Required Signature for Florida Profit Corporation	<u>1:</u>		
Signature of Director, Officer, or, if Directors or Officer, or, if Direct			
Required Signature(s) on behalf of Converting Flocompanies: [See below for required signature(s).] Signature:	orida partnerships, limited partnerships, a	-	<u>liability</u>
Printed Name: DEVIN VENES			
Signature:			
Printed Name:Signature:			
Printed Name:			
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:		20 F.
If Florida Limited Liability Company: Signature of a Member or Authorized Representative		; ; ;) KTY 25 /
All others: Signature of an authorized person.		•	· 68 II: 2
Fees:			

\$35.00 \$70.00

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

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

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

The name of the corporation shall be:	STATE PUYERS INC.
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address 2730 W 6357 PU APT 106	Mailing address, if different is:
HIACEAH, FU 33016	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: NEXU ESTATE INVEST WAY	
ARTICLE IV SHARES The number of shares of stock is: /UU	
ARTICLE V OFFICERS AND/OR DIRECTORS	: 20
Name and Title: DAVAV) VENHS, CFO	Name and Title:
Address: 2730 ((15) PL APT 106	
HTACEMI, FL 33016	
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

ARTICL The name	E VI REGISTERED AGENT and Florida street address (P.O. Box NOT acceptable) of t	he registered agent is:
Name:	DAWN VERIES	
Address:	2000 U 6151 PU APT 106	
	2730 W 6251 PL ANT 106 2730 HIKLEAU, FL 33016	
Having be	een named as registered agent to accept service of process fo icate, I am familiar with and accept the appointment as regis	or the above stated corporation at the place designated in tered agent and agree to act in this capacity
10	instine	5/18/2020
	Required Signature/Registered Agent	/ Date