P20000049345

(Requestor's Name)		
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
1030-6	03959	

Office Use Only



300340597633

02/18/20--01022--013 **35.00

06/19/20--01005--017 **T0.00

ALLA SOLDINA

1:6 HY 61 MAP

0 8 5.50

COVER LETTER

TO: New Filing Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:
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:
Corlos Murray - Smith Contact Person
Carden Technology Services Firm/Company
12085 SW 206St #203 Address
Miani Fl 33177 City. State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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 and Certificate of status □\$113.75 Filing Fees □\$122.50 Filing Fees. Certified Copy, and Certificate of Status
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The 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.

Signed this 15% day of June	20 20.
Required Signature for Florida Profit Corporation	<u>ı:</u>
Signature of Director, Officer, or, if Directors or Officer	cers have not been selected, an Incorporator:
Printed Name: Cordos Murray - Smith	President
Required Signature(s) on behalf of Converting Flocompanies: [See below for required signature(s).]	rida partnerships, limited partnerships, and limited liability
Signature:	
Signature:	h Title: Nanager
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
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 ALL General Partners.	y Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	
All others: Signature of an authorized person.	
Fees: Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy:	\$35.00 \$70.00 \$8.75 (Optional)

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

Certificate of Status:

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

COPP

The name of the corporation shall be: CARDEN	TECHNOLOGY SERVICES
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address 12085 SW 2064 St	Mailing address, if different is:
. / 0 . 2	18820 SW 11312 AV
# 20'S Miami F/ 33177	18820 SW 113th AV
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Too pro Att	4
ARTICLE IV SHARES The number of shares of stock is:	
Name and Title: Carlos Murray-Smith - F	Name and Title:
Address: 12085 SW 2064 St	Address:
# 203 Mjan, F/ 33/77	
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:
	

ARTICLE VI REGISTERED AGENT

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

Name:

Carlos Murray. S

Address:

12085 SW 2064 St

#203 Migni F) 33177

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