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| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Äddress) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT AMAI SWEET AND SALTY SOLUTIONS INC

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:

| LORENA S. UCHIMURA | | | |
|------------------------------------|--|--|--|
| Contact Person | | | |
| AMAI SWEET AND SALTY SOLUTIONS INC | | | |
| Firm/Company | | | |
| 2558 SIMPSON ROAD | | | |
| Address | | | |
| ORLANDO, FL 34744 | | | |

City, State and Zip Code

lorenauchimura@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORENA S. UCHIMURA at (786)448-8093

Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

Mailing Address:

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address:**

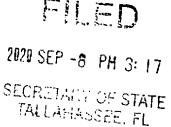
New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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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.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is: AMAI SWEET AND SALTY SOLUTIONS LLC Enter Name of the Converting Entity 2. The converting 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 (Enter state, or if a non-U.S. entity, the name of the country) on MAY 29, 2019 Enter date "Converting Entity" was first organized, formed or incorporated. 3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: AMAI SWEET AND SALTY SOLUTIONS INC 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 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 3rd day of SEPTEMBI | ER 20 | |
|---|--|------------|
| Required Signature for Florida Profit Corporation | <u> </u> | |
| Signature of Director, Officer, or, if Directors or Office Louna Varimena | | |
| Printed Name: LORENA S. UCHIMURA Title: PR | ESIDENT | |
| | rida partnerships, limited partnerships, and limited liabil | <u>ity</u> |
| companies: [See below for required signature(s).] | | |
| Signature: <u>Coura Ucuimena</u> Printed Name: LORENA S. UCHIMURA | | |
| Signature: | | |
| Printed Name: | Title: | |
| Signature: | | |
| Printed Name: | Title: | |
| Signature: | | |
| Printed Name: | Title: | |
| Signature: | | |
| Printed Name: | Title: | |
| Signature: | | |
| Printed Name: | | |
| If Florida General Partnership or Limited Liability Signature of one General Partner. | y Partnership: | |
| If Florida Limited Partnership or Limited Liability 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: Certificate of Status: | \$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional) | |

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| The name of the | ne corporation shall be: AMAI SWEET A | · | | |
|--|--|----------------|-------------------------------------|--|
| | PRINCIPAL OFFICE | | | |
| The principal p | place of business/mailing address is: | | | |
| Principal street address 2558 SIMPSON ROAD KISSIMMEE, FL 34744 | | <u></u> | Mailing address, if different is: | |
| | | | | |
| | | | | |
| The purpose f | I PURPOSE For which the corporation is organized is: | | S: 2 | |
| <u>ANY A</u> | ND ALL LAWFUL BUS | SINESS | SECH: | |
| | | | | |
| | • | |) (2) (2) (3) (4) | |
| | | | <u> </u> | |
| | | | <u> </u> | |
| | · · · · | | 111 | |
| | | | | |
| ARTICLE I | V SHARES 1000 | | | |
| The number of | v shares f shares of stock is: 1000 | <u></u> . | | |
| | OFFICERS AND/OR DIRECTORS | | | |
| Name and Tit | LORENA S. UCHIMURA (PRESIDENT) | Name and Title | MAGDY Y. SANCHEZ MOLINA (SECRETARY) | |
| Address: | 11018 WHISTLING PINE WAY | Address: | 2830 NOBLE CROW DR | |
| | ORLANDO, FL 32832 | | KISSIMMEE, FL 34744 | |
| Name and Title: | | Name and Title | c: | |
| Address: | | Address: | | |
| | | | | |
| Name and Tit | :le: | Name and Titl | e: | |
| Address: | | Address: | | |
| | | | | |
| | | | | |

| The name | and Florida street address (P.O. Box NOT accepta | ole) of the registered agent is: | |
|---------------------|--|---|------|
| Name: | LORENA S. UCHIMURA | | |
| Address: | 2558 SIMPSON ROAD | | |
| 71221021 | KISSIMMEE, FL 34744 | | |
| ******** Having be | ************************************** | ************************************** | d in |
| this certifi | icate, I am familiar with and accept the appointment | as registered agent and agree to act in this capacity | |
| Lo | rera Varimera | 9/3/2020 | |
| | Required Signature/Registered Agent | Date | |

ARTICLE VI REGISTERED AGENT

2020 SEP -8 PH 3: 17