

P20000079621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

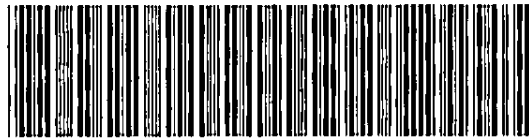
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Titus W2000065130

Office Use Only



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06/15/20--01042--021 \*\*113.75

2020 OCT 12 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

NO CLERK  
OCT 1 2020

COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: IN4M, INC

\_\_\_\_\_  
Name of 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 correspondence concerning this matter to:

ENRIQUE R CORREA

\_\_\_\_\_  
Contact Person

PARAMOUNT ENTERPRISES MULTI SERVICES

\_\_\_\_\_  
Firm/Company

2136 MICHIGAN AVE

\_\_\_\_\_  
Address

KISSIMMEE, FL 34744

\_\_\_\_\_  
City, State and Zip Code

INFO@CENTERCITYTAXPLUS.COM

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

For further information concerning this matter, please call:

ENRIQUE CORREA

at ( 407 ) 2017003

\_\_\_\_\_  
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 and Certified Copy    ☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**

New Filings Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filings Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 28, 2020

ENRIQUE R CORREA  
2136 MICHIGAN AVE  
KISSIMMEE, FL 34744

SUBJECT: IN4M LLC  
Ref. Number: W20000065130

We have received your document for IN4M LLC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The titles for directors and officers are not acceptable for the filing you have submitted. Please review the list of titles you may use at [sunbiz.org](http://sunbiz.org).

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 820A00012602

2020 OCT 12 AM 10:40  
RECEIVED  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

FILED

2020 OCT 12 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FL

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

This Certificate of Conversion **and attached Articles of Incorporation** 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:

IN4M LLC

Enter Name of Other Business Entity

2. The "Other Business 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 06/29/2019  
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**:

IN4M, INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 06/05/2020  
(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 10 day of June, 2020

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: X

Printed Name: MATHUS VAIAOGA Title: CHAIRMAN

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: X

Printed Name: MATHUS VAIAOGA Title: AUHTORIZED MEMBER

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 Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$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: IN4M, INC

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address  
4419 SHANEWOOD CT

ORLANDO, FL 32837

Mailing address, if different is:  
SAME AS PRINCIPAL

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

TO PROPERLY STRUCTURE ENTITY TO ALLOW FUTURE SHARE HOLDER'S ALSO TO UTILIZE

SOLO 401 K SCORP RETIREMENT OPTIONS.

SECRETARY OF STATE  
TALLAHASSEE, FL

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**ARTICLE IV    SHARES**

The number of shares of stock is: 100

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MATHUS VAIAOGA/DIRECTOR

Address: 4419 SHANEWOOD CT

ORLANDO, FL 32837

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

ARTICLE VI REGISTERED AGENT

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

Name: MATHUS VAIAOGA  
Address: 4419 SHANEWOOD CT  
ORLANDO, FL 32837

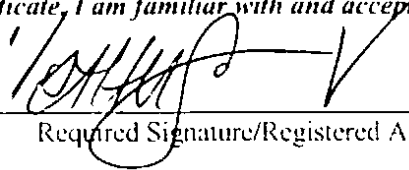
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MATHUS VAIAOGA  
Address: 4419 SHANEWOOD CT  
ORLANDO, FL 32837

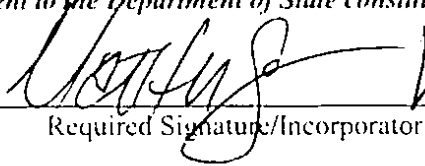
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2020 OCT 12 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FL

\*\*\*\*\*  
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

x 10<sup>0</sup> JUNE 2020  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
Required Signature/Incorporator

y 10<sup>0</sup> JUNE 2020  
Date