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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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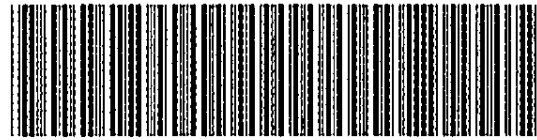
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MAXICLEAN PROS 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:

MANUEL SANCHEZ

Contact Person

SANCHEZ & PADRON ASSOCIATES INC

Firm/Company

2524 PALM BAY RD NE

Address

PALM BAY FL 32905

City, State and Zip Code

MANUELSM1@GMAIL.COM

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

For further information concerning this matter, please call:

MANUEL SANCHEZ

Name of Contact Person

at (321) 722-1040

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$105.00 Filing Fees	<input type="checkbox"/> \$113.75 Filing Fees	<input checked="" type="checkbox"/> \$113.75 Filing Fees	<input type="checkbox"/> \$122.50 Filing Fees,
	and Certificate of	and Certified Copy	Certified Copy, and
	Status		Certificate of Status

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

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:

MAXICLEAN PROS LLC

Enter Name of the Converting Entity

2. The converting entity is a LLC

(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 STATE OF FLORIDA

(Enter state, or if a non-U.S. entity, the name of the country)

on 11/08/2019

Enter date "Converting Entity" was first organized, formed or incorporated.

The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

MAXICLEAN PROS, INC

Enter Name of Florida Profit Corporation

This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its constituent/organic jurisdiction.

not effective on the date of filing, enter the effective date: 01/01/2021

effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be as the document's effective date on the Department of State's records.

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

ARTICLE I NAME

The name of the corporation shall be: MAXICLEAN PROS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

2742 CARLSON CIRCLE, APT 202

MELBOURNE, FL 32901

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LAWFUL ACTIVITIES

ARTICLE IV SHARES

number of shares of stock is: 100

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: MATA SOLANO, LUIS PRESIDENT

Address: 2742 CARLSON CIRCLE APT 202

MELBOURNE, FL 32901

Name and Title: MATA SOLANO, LUIS SECRETARY

Address: 2742 CARLSON CIRCLE APT 202

MELBOURNE, FL 32901

Name and Title: MARIN MATA, PAOLA B. V PRESIDENT

Address: 2742 CARLSON CIRCLE APT 202

MELBOURNE, FL 32901

Name and Title: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____