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(Cit	y/State/Zip/Phon	e #)
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(Do	cument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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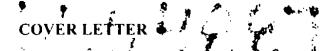


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10/13/20--01010--026 **25.00

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TO: Registration Section Division of Corporations

SUBJECT: TUBUS SERVICIOS LLC

Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company" into an "Other Business Entity" in accordance with s.605.1045, F.S.

3.003.1013,1.0.			
Please return all corr	espondence concernit	ng this matter to:	
NORRIS ATESIANO			
	Contact Person		
GREEN BOX TAX SER	VICES INC		
	Firm/Company		
739 WASHINGTON AV	/E UNIT 901045		
	Address		
HOMESTEAD, FL 3309	90		
C	City, State and Zip Code		
GREENBOXTAX@GM	IAIL.COM		
E-mail address: (to	be used for future annual	report notification)	
For further informati	on concerning this ma	atter, please call:	
NORRIS ATESIANO		at (³⁰⁵) ⁹²	28-1137
Name of Contact Pe	erson		aytime Telephone Number
Enclosed is a check t	or the following amo	unt:	
■ \$25.00 Filing Fee	S30.00 Filing Fee and Certificate of Status	☐\$55.00 Filing Fee and Certified Copy	S60.00 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address: Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231		The Centre 2415 N. M	
CR2E106 (05/17)			171 N

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Wendy J Chawa Name of Result	Rabbath PA.
	rporation, and fees are submitted to convert the following eligible
Please return all correspondence concerning this matter	er to:
NORRIS Atesiano Contact Person	
Green Box Tax Services &	/ つ <u>こ</u>
739 Washington Ave Unil	
Homestead, FL 33090 City. State and Zip Code	
Green box tax a gmail, com E-mail address: (to be used for future annual rep	
For further information concerning this matter, please	call:
NORRIS Atesiono at	305 928-1137 Area Code and Daytime Telephone Number
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
	13.75 Filing Fees □\$122.50 Filing Fees. Certified Copy Certified Copy, and 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, F1, 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	ı is:	
TUBUS SERVICIOS LLC		
Enter Name of the Converting Entity	 -	\
Enter Name of the Converting Entity 2. The converting entity is a LLC (Limited liability comp	pony.)
(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 <u>FLoyida</u> (Enter state, or if a non-U.S. entity, the name of the country)		
on		
Enter tlate "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> Wency J Chawa Rabbath P. A. Enter Name of Florida Profit Corporation	<u>on:</u>	
4. This conversion was approved by the eligible converting entity in accordance with this chapter a current/organic jurisdiction.		
5. If not effective on the date of filing, enter the effective date: 1/30/2020. (The effective date: Cannot be prior to nor more than 90 days after the date this document is Department of State.)	s filed b	y the Florida
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.		<u>دع</u>
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Signed this 27 Th day of November	. 20 20	
Required Signature for Florida Profit Corporatio	<u>n:</u>	
Signature of Director, Officer, or, if Directors or Off Wordy T Chawa Rabboth Printed Name: Woody J Chawa Rabboth Title:		rator:
•		in a constitution of the billion
Required Signature(s) on behalf of Converting Florompanies: [See below for required signature(s).]	. 🗥	
Signature: Wendy J Chowa Rabb	noth	
Signature: <u>Wendy J Chowa Rabbo</u> Printed Name: <u>Wendy J Chowa Rabbo</u>	th Title:M6R	
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 Liabili Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	:.	2 6 26 O
All others: Signature of an authorized person.		7 920 OCT 13
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)	## 6: 52

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

ARTICLE I NAME	TCI Rolloth PA
The name of the corporation shall be: Wency	V Chawa Mubboatte V. A.
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address 8333 NW 5370 ST	Mailing address, if different is:
Scite 450	Same
Doral FL 33166	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	4
Beal Estate Sales Associate	engaged in providing clients:
	the state of the s
with solling, buying on leas	ting real estate property:
ARTICLE IV SHARES The number of shares of stock is:	
-	
Name and Title: Wently T Chowa Rabbath	(President) Name and Title:
Address: 7751 NW 107TH Ave	
	Address:
Apt 321, Dorol FL 33178	21
Name and Title:	Name and Title:
	$\overline{\omega}$
Address:	Address:
<u></u> -	
Name and Title:	Name and Title: 5
. 11	A. d. Images
Address:	Address:

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

Name:

Address:

Green Box Tax Services onc 739 Washington Ave Unit 901045

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