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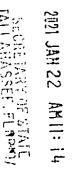
Office Use Only

T. SCOTT



200357857222

01/22/21--01008--027 **105.00



COVER LETTER

| TO: | New Filing Section Division of Corporations | | | |
|--------|--|---------------------|---------|--|
| CHDI | ECT: HAAS CREA CORP | | | |
| 3000 | Name of | f Resulting Florida | Profit | Corporation |
| | nclosed Articles of Conversion. Articles into a "Florida Profit Corporation" in ac | | | are submitted to convert the following eligible 33 & 607.0202, F.S. |
| Please | e return all correspondence concerning th | is matter to: | | |
| Alexa | ander Bonamarte | | | |
| | Contact Person | | • | |
| HAA | S CREA CORP | | | |
| | Firm/Company | | • | |
| 4085 | SW Honey Terrace | | | |
| | Address | | - | |
| Palm | City, Fl 34990 | | | |
| | City, State and Zip Coo | le | | |
| alex(| @haascrea.com | | | |
| | E-mail address: (to be used for future and | ual report notifica | tion) | |
| For fu | orther information concerning this matter. | please call: | | |
| Alex | Bonamarte | _at (<u></u> 718 | ,809-8 | 3705 |
| | Name of Contact Person | Area Co | ode and | Daytime Telephone Number |
| Enclo | sed is a check for the following amount: | | | |
| □ \$10 | 05.00 Filing Fees □\$113.75 Filing Fees and Certificate of Status | | | ■\$122.50 Filing Fees, Certified Copy, and Certificate of Status |
| | Mailing Address: | | Street | Address: |

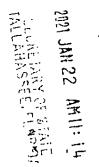
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314

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 <u>and attached Articles of Incorporation</u> 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: |
|--|
| HAAS CREA CORP |
| Enter Name of the Converting Entity |
| 2. The converting entity is a Corporation |
| (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 |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| APRIL 16, 2013 |
| Enter date "Converting Entity" was first organized, formed or incorporated. |
| The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u>: HAAS CREA CORP |
| 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 | 7th | day of | . 2021 | |
|---------------------------|--|--|--|------------|
| | | for Florida Profit Corporation | | |
| | | r. Officer. or, if Directors or Offi | cers have not been selected, an Incorporator: | |
| | | | ident | |
| <u>Requi</u> | red Signature | (s) on behalf of Converting Flo | orida partnerships, limited partnerships, and limited liabil | <u>ity</u> |
| | | low for required signature(s).] | | |
| Signati | ure: | 1. | | |
| Printed | Name: | inder Bonamarte | Title: President | |
| Signati | ire: Jocqu | eline Bonamarte | Sacretany | |
| Printed | Jacqu Name: | ueline Bonamarte | Title: Secretary | |
| | | | <u> </u> | |
| Printed | Name: | | Title: | |
| Signati | ıre: | | | |
| Printed | Name: | · | Title: | |
| Signatı | ire: | | | |
| Printed | Name: | | Title: | |
| Signatı | ıre: | | | |
| Printed | Name: | | Title: | |
| <u>If Flor</u> Signatu | ida General I ire of one Gen | <mark>Partnership or Limited Liabilit</mark> Beral Partner. | y Partnership: | |
| <u>If Flor</u> Signatı | <mark>ida Limited F</mark> ires of <u>ALL</u> G | Partnership or Limited Liabilit ieneral Partners. | y Limited Partnership: | |
| <u>If Flor</u> Signatu | ida Limited I ire of a Memb | <u>Liability Company:</u> er or Authorized Representative. | | |
| All oth Signatu | <u>ers:</u> ire of an autho | orized person. | | |
| Fees: | Amainte e co | | ene oo | |
| | Articles of C Fees for Flor | onversion: ida Articles of Incorporation: | \$35.00 \$70.00 | |
| | Certified Cop Certificate of | oy: | \$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)

| RTICLE | II PRINCIPAL OFFICE | | |
|--|--|--|--|
| he principa | place of business/mailing address is: | | |
| | Principal street address | | Mailing address, if different is: |
| 901 4th S | St N, STE 300 | | |
| t. Petersl | ourg, FL 33702 | · - | |
| The purpose | III PURPOSE for which the corporation is organized in | s: | |
| | lopment, software development, c | | ent and production. |
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| ARTICLE . | IV SHARES 5 000 000 | | |
| ARTICLE . | IV SHARES 5,000,000 of shares of stock is: | | |
| he number | of shares of stock is: | ODG. | |
| he number | of shares of stock is: | | Jacqueline Popamarte, Secretar |
| he number | of shares of stock is: | | Jacqueline Bonamarte, Secretary |
| The number of th | of shares of stock is: | | le: |
| The number of th | of shares of stock is: | Name and Titl | ie: |
| The number of th | V OFFICERS AND/OR DIRECTO itle: 9557 Sw Nuova Way, | Name and Titl Address: | 9557 Sw Nuova Way, Port St Lucie, FL 34986 |
| The number of th | V OFFICERS AND/OR DIRECTO itle: 9557 Sw Nuova Way, Port St Lucie, FL 34986 itle: | Name and Titl Address: Name and Titl | 9557 Sw Nuova Way, Port St Lucie, FL 34986 |
| The number of th | V OFFICERS AND/OR DIRECTO itle: 9557 Sw Nuova Way, Port St Lucie, FL 34986 | Name and Titl Address: Name and Titl | 9557 Sw Nuova Way, Port St Lucie, FL 34986 |
| The number of th | V OFFICERS AND/OR DIRECTO itle: 9557 Sw Nuova Way, Port St Lucie, FL 34986 itle: | Name and Titl Address: Name and Titl Address: | 9557 Sw Nuova Way, Port St Lucie, FL 34986 |
| The number of th | V OFFICERS AND/OR DIRECTO itle: 9557 Sw Nuova Way, Port St Lucie, FL 34986 itle: | Name and Titl Address: Name and Titl Address: Address: | 9557 Sw Nuova Way, Port St Lucie, FL 34986 |
| The number of th | V OFFICERS AND/OR DIRECTO itle: 9557 Sw Nuova Way, Port St Lucie, FL 34986 itle: | Name and Titl Address: Name and Titl Address: Address: | 9557 Sw Nuova Way, Port St Lucie, FL 34986 |
| The number of th | V OFFICERS AND/OR DIRECTO itle: 9557 Sw Nuova Way, Port St Lucie, FL 34986 itle: | Name and Titl Address: Name and Titl Address: Name and Titl Address: Name and Titl | 9557 Sw Nuova Way, Port St Lucie, FL 34986 |
| The number of th | V OFFICERS AND/OR DIRECTO itle: 9557 Sw Nuova Way, Port St Lucie, FL 34986 itle: | Name and Titl Address: Name and Titl Address: Name and Titl Address: Name and Titl | 9557 Sw Nuova Way, Port St Lucie, FL 34986 le: RALLAHASSEE AND SEE AN |

| | and Florida street address (P.O. Box NOT accepta | ble) of the registered agent is: |
|----------|---|---|
| Name: | Registered Agents Inc. | |
| Address: | 7901 4th St N STE 300 | |
| | St. Petersburg, FL 33702 | |
| ****** | ***** | ******* |
| | een named as registered agent to accept service of pricate, I am familiar with and accept the appointment | ocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity |
| | Bel Jame | 01/12/2021 |
| | Required Signature/Registered Agent | Date |