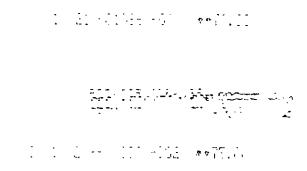
121000072464

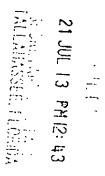
(Reque	estor's Name)	
(Addre	ss)	
(Äddre	ss)	
(City/S	tate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name	e)
(Docur	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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O O'KEFFE
AUG 1 5 2021

W21-89915



June 21, 2021

JASSON LOPEZ DEMONS TOWING LLC 19408 NW 83 AVE MIAMI, FL 33015

SUBJECT: DEMONS TOWING CORP

Ref. Number: W21000089915

We have received your document for DEMONS TOWING CORP and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete/correct the marked sections in the Articles of Conversion.

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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 121A00013948

M21 J 13 PH 2: 37

COVER LETTER

TO:	New Filing Sec Division of Co					
CLEBI	ECT:		NS TOV	VINC	G LLC	
SODA	I.C.1	Name of	Resulting Flori	da Protit	Corporation	
		of Conversion, Articles o rofit Corporation" in acc			are submitted to convert the following eligibates & 607.0202, F.S.	ble
Please	return all corres	pondence concerning this	s matter to:			
	JA	SSON LOPE	ΞΖ			
		Contact Person				
	DEN	MONS TOWING L	LC			
		Firm/Company		_		
	1940	08 NW 83 A\	/E	_		
		Address				
	MIA	AMI, FL 3301				
		City, State and Zip Code	e			
	•	ELOGISTICSCONSU				
	E-mail address: (to be used for future annu	ial report notiti	cation)		
For fu	irther information	concerning this matter,	please call:			
J	ASSON	LOPEZ	_{at (} 786	,659	9-6975	
	Name of C	ontact Person		Code and	Daytime Telephone Number	
Enclo	sed is a check for	r the following amount:				
■ S10	05.00 Filing Fees	and Certificate of Status	□\$113.75 Fill and Certified	-	□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection Corporations 17		New I Divisi The C	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

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:
Enter Name of the Converting Entity
2. The converting entity is a DEMONS TOWING 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 FLORIDA (Enter state, or if a non-LIS entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country) on 03/12/2021
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: 03/12/2021 Percons Towing Corp Enter Name of Florida Profit Corporation 1. This results the second and the laws of th
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: 03/12/2021 (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 24 day of MAY	20		
Required Signature for Florida Profit Corporation:			
Signature of Director, Officer, or, if Directors or Office	rs have not been selected, an Incorporator:		
	X		
Printed Name: JASSON LOPEZ Title: AP	· · · · · · · · · · · · · · · · · · ·		
Required Signature(s) on behalf of Converting Floricompanies: [See below for required signature(s).]	da partnerships, limited partnerships, a	<u>nd limite</u>	d liability
Signature: 100 WEC			
Printed Name: JOHN LOPEZ	_ _{Title:} AP		
Signature:			
Printed Name: MIXMARY MELENDEZ	Title: AMBR		
Signature:			
Printed Name: ASSON LOPEZ	Title: MGR		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	_ Title:		
Signature:			
Printed Name:	Title:		ر 21
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:	SSSYIII)	JUL 13 PH12: ¢3
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partners <u>hip:</u>	E FLORIDA	E.:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		Ş.	ťΩ
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)

ARTICLE I	the corporation shall be: DEMONS	rowing co	ORP		-	
ARTICLE I The principal	PRINCIPAL OFFICE place of business/mailing address is:					
Principal street address		Mailing address, if different is:				
19408 NW 83 AVE		19408 NW 83 AVE				
	MIAMI, FL 33015	MIAMI, FL 33015				
	for which the corporation is organized is: NG SERVICES					
				ACC	21 JUL	
				<u> </u>	<u></u>	
				- 51.	1 12 1	
ARTICLE I	v shares of shares of stock is: 10000			- ACI	చ్	
ARTICLE	V OFFICERS AND/OR DIRECTORS					
Name and Ti	tle: JASSON LOPEZ	Name and Title: PR	ESIDENT/SE	CRETA	4RY	
Address:	19408 NW 83 AVE		408 NW 8			
	MIAMI, FL 33015	M	IAMI, FL	3301	5	
Name and Ti	MIXMARY MELENDEZ	Name and Title:				
Address:	19408 NW 83 AVE		408 NW 8	33 AV	VΕ	
	MIAMI, FL 33015		IAMI, FL	3301	5	
Name and Ti	tle:	Name and Title:				
Address:		Address:				

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

Name: JASSON LOPEZ

Address: MIAMI, FLORIDA 33015

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

05/24/2021

Required Signature/Registered Agent

21 JUL 13 PH 12: 4

Date