## 121000105302

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Certified Copies Certificates of Status						
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Special Instructions to Filing Officer:						
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**Examiners Initials** 



12905 SW 42 STREET Suite: 210 MIAMI, FL 33175 Phone: 305-444-4994

Email: filing@ecfsfiling.com

Office	Use	Only	

## CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

(CORPORATE NAME)	(DC	(DOCUMENT #)			
2. (CORPORATE NAME)	)OQ)	DCUMENT #)			
3. (CORPORATE NAME)	(50)	(DOCUMENT #)			
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SECRETARY OF STATE TALLAHASSEE, FL

Articles of Conversion
For
Converting Eligible Entity
Into
Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorpuration 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 PROFIT 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)
on 10/23/2018
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:  ADMIURA, INC.  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.

Signed this 21 day of December	, 20_ 21	
Required Signature for Florida Profit Corporation:		
Signature of Director, Officer, or, if Directors or Office  X  Printed Name: GUILLERMO FIGUEROA  Title: DIRI		
<del>;</del>		
Required Signature(s) on behalf of Converting Flori companies: [See below for required signature(s).]	•	nd limited liability
Signature: X		
Printed Name: GUILLERMO FIGUEROA	Tide: DIRECTOR	
Signature:		
Printed Name:		
Signature:		
Printed Name:	_ Title:	
Signature:		
Printed Name;	Title;	
Signature:		
Printed Name;	_ Title:	
Signature:		
Printed Name:	_ Title:	
If Florida General Partnership or Limited Linbillty Signature of one General Partner.	Partnership:	
If Florida Limited Partnership or Limited Linbility Signatures of ALL General Partners.	Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
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)	

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SECRETARY OF STATE MALLAHASSEE, FL

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

ARTICLE The principal	II PRINCIPAL OFFICE    place of business/mailing address is:	
	Principal street address	Mailing address, if different is:
999 PONC	CE DE LEON BLVD., STE: 935	999 PONCE DE LEON BLVD., STE: 935
CORAL	GABLES, FL 33134	CORAL GABLES, FL 33134
The purpose	m PURPOSE for which the corporation is organized is: ND ALL LAWFUL BUSIN	
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	•	
	·	
ARTICLE :	·	
ARTICLE :	IV SHARES of shares of stock is:  V OFFICERS AND/OR DIRECTORS	1000
ARTICLE :	IV SHARES of shares of stock is: SHARES:	1000
ARTICLE :	IV SHARES of shares of stock is:  V OFFICERS AND/OR DIRECTORS	1000
ARTICLE The number of ARTICLE Name and T	IV SHARES SHARES: Of shares of stock is: SHARES: OF SHA	Name and Title:
ARTICLE The number of ARTICLE Name and T Address:	IV SHARES OF SHARES: OF Shares of Stock is: SHARES: OF Shares of Stock is: SHARES: OF SH	Name and Title:  Address:
ARTICLE The number of ARTICLE Name and T Address:	IV SHARES SHARES: Of shares of stock is:  V OFFICERS AND/OR DIRECTORS itle: GUILLERMO FIGUEROA - D 999 PONCE DE LEON BLVD., STE: 935	Name and Title:  Name and Title:
ARTICLE The number of ARTICLE Name and T Address: Name and T	IV SHARES of shares of stock is: SHARES:  V OFFICERS AND/OR DIRECTORS itle: GUILLERMO FIGUEROA - D 999 PONCE DE LEON BLVD., STE: 935 CORAL GABLES, FL 33134 itle:	Name and Title:  Name and Title:
ARTICLE The number of ARTICLE Name and T Address: Name and T	IV SHARES of shares of stock is: SHARES:  V OFFICERS AND/OR DIRECTORS itle: GUILLERMO FIGUEROA - D 999 PONCE DE LEON BLVD., STE: 935 CORAL GABLES, FL 33134 itle:	Name and Title:  Address:  Name and Title:  Address:

## ARTICLE VI REGISTERED AGENT

n	nc <u>name and</u>	Herid	a street	nddress	(P.O.	. Box NOT	f acceptable	:) of	the registered	agent is:

Name:

MYRIAM C. GONZALEZ, P.A.

Address:

999 PONCE DE LEON BLVD., STE: 935

CORAL GABLES, FL 33134

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

Reggired Signature/Registered Agent

12/20/21

Date

SECRETARY OF STATI