# 2200000001

(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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SECRETARY OF STATE FALLAHASSEE, FLORIO

D. O'KEEFE FEB 1 4 2022

### **COVER LETTER**

Division of Cor			
SUBJECT: RAFA	•	ATION	
SUBJECT:		Resulting Florida Profit	Corporation
	f Conversion. Articles of ofit Corporation" in acco		are submitted to convert the following eligible 33 & 607.0202, F.S.
Please return all corresp	ondence concerning this	matter to:	
NAUREEN	BALUCH		
	Contact Person	···	
	Firm/Company		
3509 FOXC	ROFT CIRC	CLE	
	Address		
OVIEDO FL	32765		
	City, State and Zip Code		
	ALUCH@GM		
E-mail address: (to	o be used for future annu	ial report notification)	
	concerning this matter.		4 5044
NAUREEN		_at ( <u> </u>	4-5941
Name of Co	ontact Person	Area Code and	Daytime Telephone Number
Enclosed is a check for	the following amount:		
□ \$105.00 Filing Fees	■\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fees and Certified Copy	☐\$122.50 Filing Fees. 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, 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.

	Enter Name of the Converting Entity
7. The converting a	ntity is a RAFAY CORPORATION
	(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized, form	ed or incorporated under the laws of TEXAS
	(Enter state, or if a non-U.S. entity, the name of the country)
on 11/5/201	)
	Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the	
3. The name of the	Enter date "Converting Entity" was first organized, formed or incorporated.  Florida Profit Corporation as set forth in the attached Articles of Incorporation:
3. The name of the RAFAY CC	Enter date "Converting Entity" was first organized, formed or incorporated.  Florida Profit Corporation as set forth in the attached Articles of Incorporation:  PROPATION  Enter Name of Florida Profit Corporation  as approved by the eligible converting entity in accordance with this chapter and the laws of its
3. The name of the RAFAY CC	Enter date "Converting Entity" was first organized, formed or incorporated.  Florida Profit Corporation as set forth in the attached Articles of Incorporation:  PROPATION  Enter Name of Florida Profit Corporation  ras approved by the eligible converting entity in accordance with this chapter and the laws of its diction.
3. The name of the RAFAY CC  4. This conversion of current/organic juris  5. If not effective of	Enter date "Converting Entity" was first organized, formed or incorporated.  Florida Profit Corporation as set forth in the attached Articles of Incorporation:  PRORATION  Enter Name of Florida Profit Corporation  as approved by the eligible converting entity in accordance with this chapter and the laws of its diction.  the date of filing, enter the effective date:  01/24/2022  Cannot be prior to nor more than 90 days after the date this document is filed by the Florida

•				
Signed this 01	day of 24		20	
Required Signature	for Florida Profit Corpor	ration:		
	. Officer, ornif Directors or		·	:
Printed Name: NAU	REEN BALUCH	PRESIDEN	<u>T</u>	
companies: [See bel	(s) on behalf of Convertin ow for required signature(s	5).]		and limited liability
Printed Name: NA	UREEN BALL	JCH Title: PR	ESIDENT	-
Signature:				_
Printed Name:		Title:		_
Signature:				_
Printed Name:		Title:		_
Signature:				-
Printed Name:		Title:		_
Signature:				_
Printed Name:		Title:		_
Signature:		<del></del>		_
Printed Name:		Title:		_
If Florida General P Signature of one Gen	<mark>Partnership or Limited Li</mark> eral Partner.	ability Partnership:		
If Florida Limited P Signatures of <u>ALL</u> G	Partnership or Limited Li- eneral Partners.	ability Limited Partn	ership:	20   A.S.

# If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others: Signature of an authorized person.

### Fees:

Articles of Conversion:

\$35.00

Fees for Florida Articles of Incorporation:

\$70.00

Certified Copy:

\$8.75 (Optional)

Certificate of Status:

**\$**8.75 (Optional)

## ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

he principal place of business/mailing address is:	14 11 10 10 10 10	
Principal street address 509 FOXCROFT CIRCLE	Mailing address, if different is: 540 N STATE ROAD 434 UNIT 6004	
OVIEDO FL 32765	ALTAMONTE SPRINGS FL 32714	<del></del>
RTICLE III PURPOSE  the purpose for which the corporation is organized is:		
O CONVERSION TO FLOI	RIDA CORPORATION	
		<del></del>
	····	
RTICLE IV SHARES The number of shares of stock is:		
RTICLE V OFFICERS AND/OR DIRECTORS		
ne number of shares of stock is:	Name and Title:	
RTICLE V OFFICERS AND/OR DIRECTORS  The number of shares of stock is:  NAUREEN BALUCH  1000  100	Name and Title:Address:	
RTICLE V OFFICERS AND/OR DIRECTORS  ame and Title: NAUREEN BALUCH  3509 FOXCROET CIRCLE	Name and Title:  Address:	
ame and Title:  NAUREEN BALUCH  3509 FOXCROFT CIRCLE	Name and Title:  Address:	
ne number of shares of stock is:    RTICLE V OFFICERS AND/OR DIRECTORS	Name and Title:  Address:	
ame and Title:  OVIEDO FL 32765  ATICLE V OFFICERS AND/OR DIRECTORS  AME and Title:  OVIEDO FL 32765	Name and Title:  Address:	
ne number of shares of stock is:    RTICLE V OFFICERS AND/OR DIRECTORS     Ame and Title:   NAUREEN BALUCH     3509 FOXCROFT CIRCLE     OVIEDO FL 32765     ame and Title:	Name and Title:  Address:  Name and Title:  Address:  Address:  Address:  Address:  Address:	

ARTICLE The name	and Florida street address (P.O. Box NOT	Facceptable) of the registered agent is:
Name:	HASAN A BAIL' CPA	
Address:	7362 FUTUREŠ DR 16	
	ORLANDO FL 32819	
		vice of process for the above stated corporation at the place designated in pintment as registered agent and agree to act in this capacity
<del></del>	Hambarg Required Signature/Registered Agent	01/24/2022 Date

FILED
2022 JAN 27 PM 2: 00
SEURE JARY OF STATE
SEURE JARY F. FLORIDA