# PA2000021870

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
W22000	90187 <u>4</u>	/3

Office Use Only



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### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2022

MAXO SINAL 18800 NW 2ND AVE STE 221 MIAMI GARDENS, FL 33169

SUBJECT: PROPERTY TRANSACTIONS OF FLORIDA, INC.

Ref. Number: W22000018743

We have received your document for PROPERTY TRANSACTIONS OF FLORIDA, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

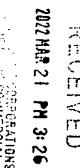
As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Karen Lovelace Regulatory Specialist II

Letter Number: 022A00003813



### **COVER LETTER**

TO: New Filing S Division of C						
SUBJECT: SPYDR	CONSULTING, LLC					
<u></u>	(Name of Re	sulting Florida Lim	ited Con	npany)		
The enclosed Article Business Entity" into	es of Conversion, Artic o a "Florida Limited L	les of Organiza iability Compar	ion, an y'' in a	d fees are submitted to coccordance with s. 605.104	nvert an '' 5, F.S.	Othe
Please return all corr	espondence concernin	g this matter to:				
JEFFREY WEBB			_			
	(Contact Person)		<del>_</del>			
SPYDER CONSULTI	NG, LLC					
	(Firm/Company)		_			
7041 DEPOT STREE	T UNIT B201					
	(Address)		_			
CEDAR KEY, FL 326	25 ·					
(	City, State and Zip Code)		_			
jeff.webb@spydrcons	ulting.com					
E-mail Address: (to l	oe used for future annual re	port notifications)	_			
For further informati	on concerning this ma	tter, please call:				
NORM D. FUGATE		at ( 352	528-0	0019		
(Name of Cont	act Person)	(Area Code	;) (Day	0019 rtime Telephone Number)		
	for the following amou a bank located in the		process	sed by this office must be p	payable ir	ı US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	S180.00 Filin and Certified Co		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status		
Mailing Add	ress:			t Address:		
New Filing S				Filing Section		! ***
Division of C P.O. Box 632				ion of Corporations Centre of Tallahassee		۲.
Tallahassee.			2415	N. Monroe Street, Suite 8' nassee, FL 32303	10	F ;
						:-:

3NHS11 (7/17)

#### COVER LETTER

TO: New Filing Section Division of Corporations

## SUBJECT: PROPERTY TRANSACTIONS OF FLORIDA, INC.

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202. F.S.

Please return all correspondence concerning this matter to:

	r						
MA	XO SINAL						
	Contact Person	- <u>-</u> -					
SINAL CONS	ULTING GROU	JP, LLC					-
	Firm/Company		_				
18800 NW 2N	ID AVENUE, S	TE 221	<del></del>				
	Address						
MIAMI GA	ARDENS, FL 33	3169					
	City, State and Zip Cod	e					
MAXOSIN	AL@AOL.COM	1					
E-mail address: (t	o be used for future anni	ial report notifi	cation)				
For further information	concerning this matter.	please call:					
MAXO SINAL		at ( 305	308	3-8229			
Name of Co	ontact Person		Code and	I Daytime Telephone Num	ber		
Enclosed is a check for	the following amount:				_ <u>/</u> :	2022 154.2	
<b>≡</b> \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fill and Certified		☐\$122.50 Filing Fees. Certified Copy, and Certificate of Status	: <u>;</u>	2	
Mailing Addr New Filing So Division of Co P.O. Box 632	ection orporations		New I Divisi	Address: Filing Section on of Corporations entre of Tallahassee	<u>:</u>	AH 12: 44	\$ 6.77
Tallahassee, F	I., 32314		24151	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.

<del></del>	Enter Name of the Converting Entity
The converting enti	ty is a LIMITED LIABILITY COMPANY
The tomerning end	(Enter entity type. Example:-limited liability company, limited.partnershipgeneral partnership, common law or business trust, etc.)
irst organized, formed	or incorporated under the laws of FLORIDA
	(Enter state, or if a non-U.S. entity, the name of the country)
<sub>on</sub> JUNE 4, 19	84

3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>

### PROPERTY TRANSACTIONS OF FLORIDA, 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.
- 5. If not effective on the date of filing, enter the effective date: 01/01/2022 (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 26 day of JANUARY	20_22			
Required Signature for Florida Profit Corporation	<u>≟</u>			
Signature of Directors Officer, or, if Directors or Officer.  Printed Name HYPPOLITE BENEDIQUE Title: PRI	eers have not been selected, an Incorporator:			
Required Signature(s) on behalf of Converting Flocompanies: [See below for required signature(s).]		nd limited l	<u>ability</u>	
Signature Antonie Trustaile Garlon	/			
Signature Interne Justicile Jerson Printed Name: ANTOINE GARCON	Title: VICE-PRESIDENT			
Signature:			•	<u>-</u>
Printed Name:				
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:			
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:			
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.			2022 HAR	
All others: Signature of an authorized person.		, •••	<u>:2</u>	•
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)	. •	44:2112	ann

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

ARTICLE I NAME PROPERTY TRANSACTIONS OF FLORIDA INC.

	PRINCIPAL OFFICE ace of business/mailing address is:		
	Principal street address	Mailing addres	ss, if different is:
425 NE 1	173RD ST		
NORTH N	MIAMI BEACH, FL 33162		
he purpose fo	PURPOSE  r which the corporation is organized is:  VIDE ANY AND ALL LEGA	AL SERVICES IN TI	HE STATE OF
-LORID/	4		
	·····		
			· · · · · · · · · · · · · · · · · · ·
RTICLE IV	SHARES shares of stock is: 10,000		
RTICLE V	OFFICERS AND/OR DIRECTORS	Name and Title:	
RTICLE V	OFFICERS AND/OR DIRECTORS	• 44	
RTICLE V	OFFICERS AND/OR DIRECTORS BENEDIQUE HYPPOLITE, PRESIDENT	• 44	
RTICLE V lame and Title ddress:	OFFICERS AND/OR DIRECTORS BENEDIOUE HYPPOLITE, PRESIDENT  425 NE 173RD ST  NORTH MIAMI BEACH, FL 33162  ANTOINE E GARCON, VICE PRESIDENT	Address:	
RTICLE V lame and Title ddress:	OFFICERS AND/OR DIRECTORS BENEDIOUE HYPPOLITE, PRESIDENT  425 NE 173RD ST  NORTH MIAMI BEACH, FL 33162  ANTOINE E GARCON, VICE PRESIDENT	Address:  Name and Title:	
lame and Title ddress:	OFFICERS AND/OR DIRECTORS BENEDIOUE HYPPOLITE, PRESIDENT  425 NE 173RD ST  NORTH MIAMI BEACH, FL 33162  ANTOINE E GARCON, VICE PRESIDENT	Address:  Name and Title:	
Jame and Title address: lame and Title	OFFICERS AND/OR DIRECTORS BENEDIQUE HYPPOLITE, PRESIDENT  425 NE 173RD ST  NORTH MIAMI BEACH, FL 33162  ANTOINE E GARCON, VICE PRESIDENT  7917 DILIDO BLVD	Address:  Name and Title:  Address:	TALL
Same and Title Address: Jame and Title Address:	OFFICERS AND/OR DIRECTORS BENEDIQUE HYPPOLITE, PRESIDENT  425 NE 173RD ST  NORTH MIAMI BEACH, FL 33162  ANTOINE E GARCON, VICE PRESIDENT  7917 DILIDO BLVD  MIRAMAR, FL 33023	Address:  Name and Title:  Address:  Name and Title:  Address:	TALL

### • • • • • •

### ARTICLE VI REGISTERED AGENT

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

Name:

BENEDIQUE HYPPOLITE

Address:

425 NE 173RD ST

NORTH MIAMI BEACH, FL 33162

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 Suppliere/Registered Agent

0.1/26/2022...

Date

2022 HAR 21 AH 12: 44