P22000030129

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



600381834676

02/25/22--01025--012 **122.50

SLUALIARY OF STATE PALLAHASSEE, FLORID,

1 1 L C L)

Ward 36625



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2022

JOCELYNE MACELLONI 2701 PONCE DE LEON BLVD., SUITE 202 CORAL GABLES, FL 33134

SUBJECT: WORLD RAINBOW PAINTING AND RESTORATION, INC.

Ref. Number: W22000036625

We have received your document for WORLD RAINBOW PAINTING AND RESTORATION, INC. and your check(s) totaling \$122.50. 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.

The document is illegible and not acceptable for imaging.

Please return the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II New Filings Section Letter Number: 922A00006566 SECTION 2:

2022 APR 21 PM 2: 45

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: World Rainbow Painting and Restoration, 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:

Jocelyne Macelloni	
Contact Person	
Barakat Bossa PLLC	
Firm/Company	

2701 Ponce de Leon Blvd., Suite 202

Address

Coral Gables, Florida, 33134

City, State and Zip Code

Reggie@screstoreandpaint.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jocelyne Macelloni at (305)444 3114

Name of Contact 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 and Certified Copy Status □\$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.

1. The name of the Converting Entity immediately prior to the filling of the Articles of Conversion is:
World Rainbow Painting and Restoration, LLC (22000 22388
Enter Name of the Converting Entity
2. The converting entity is a limited liability company
(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-U.S. entity, the name of the country)
on 08/29/2002
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> World Rainbow Painting and Restoration, 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: (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.)



Signed this 18th day of	February	. 2022	
Required Signature for Florida Profi	t Corporation;		
Signature of Director, Officer, or, if Dir	ectors or Officers have no	t been selected, an Incorporator:	
Printed Name: BASINALDO TELYEIRA Required Signaturate) on babel of G	Title: Director		
Required Signature(s) on behalf of Co companies: [See below for required signature of the companies of the c	bitactions utorida battuc	rships, limited partnerships, ar	nd Umited liability
Signature:			
Signature: Hal Michael Ei	senstein Title: N	lanaging Member	
Signature:			
Printed Name: Reginaldo To	eixeira _{Title:} M	lanaging member	
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
If Florida General Partnership or Lin Signature of one General Partner.	nited Liability Partnershi	<u>p:</u>	
If Florida Limited Partnership or Lim Signatures of ALL General Partners.	nited Liability Limited Pa	<u>ırtnership;</u>	
If Florida Limited Liability Company Signature of a Member or Authorized Re			2022 A
All others: Signature of an authorized person.			2022 APR 21 ALLAHASSE
Fees:			PR CITE
Articles of Conversion: Fees for Florida Articles of Inco Certified Copy: Certificate of Status:	\$35.00 rporation: \$70.00 \$8.75 (Op \$8.75 (Op		1 2: 46 STATE ORID;

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

ARTICLE I NAME

ARTICLE	II PRINCIPAL OFFICE		
	l place of business/mailing address is:		
	Principal street address	Mailing address,	if different is:
6601 L	YONS RD C #2	######################################	
POMP	ANO BEACH, FL 33073		
	III PURPOSE		
	of the corporation is organized is: Irpose of the corporation:	shall be to engage i	n any lawful
busine	ss; to exercise all other po	owers necessary an	d reasonably
conne	cted with the corporation	n's business; and t	o engage in
all acti	vities necessary, customa	ry, convenient, or in	cident to any
		· · · · · · · · · · · · · · · · · · ·	
	oregoing.		
of the f			
of the f	oregoing. IV SHARES of shares of stock is: 1,000 V OFFICERS AND/OR DIRECTORS		
of the f	oregoing. IV SHARES of stock is: 1,000		
of the f	oregoing. IV SHARES of shares of stock is: 1,000 V OFFICERS AND/OR DIRECTORS	Name and Title:	
ARTICLE The number ARTICLE Name and T Address:	oregoing. IV SHARES of shares of stock is: 1,000 V OFFICERS AND/OR DIRECTORS itle: EISENSTEIN, HAL M President 6601 LYONS RD,STE C POMPANO BEACH, FL	Name and Title:	
Of the f ARTICLE The number ARTICLE Name and T Address:	oregoing. IV SHARES of shares of stock is: 1,000 V OFFICERS AND/OR DIRECTORS itle: EISENSTEIN, HAL M President 6601 LYONS RD,STE C POMPANO BEACH, FL	Name and Title:Address:	
ARTICLE The number ARTICLE Name and T Address:	oregoing. IV SHARES of shares of stock is: 1,000 V OFFICERS AND/OR DIRECTORS itle: EISENSTEIN, HAL M President 6601 LYONS RD,STE C	Name and Title:	
ARTICLE The number ARTICLE Name and T Address:	oregoing. IV SHARES of stock is: 1,000 V OFFICERS AND/OR DIRECTORS itle: EISENSTEIN, HAL M President 6601 LYONS RD,STE C POMPANO BEACH, FL itle: TEIXEIRA, REGINALDO VP	Name and Title: Address: Name and Title:	
ARTICLE The number ARTICLE Name and T Address:	oregoing. IV SHARES of stock is: 1,000 V OFFICERS AND/OR DIRECTORS itle: EISENSTEIN, HAL M President 6601 LYONS RD,STE C POMPANO BEACH, FL itle: TEIXEIRA, REGINALDO VP 6601 LYONS RD,STE C POMPANO BEACH, FL POMPANO BEACH, FL	Name and Title: Address: Name and Title:	

Name: Teixeira, Reginaldo

6601 LYONS RD., C-2

COCONUT CREEK, FL 33073

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

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

ARTICLE VI REGISTERED AGENT

Required Signature/Registered Agent Date

2022 APR 21 PM 2: 46