P22000043001

(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		

Office Use Only



000387957610

05/27/22--01008--005 **105.00

2022 MAY 27 PH 12: 44 ALL AHASSEE, FLOGI

2077 JUN - 2 AMII: 55 SECRETARY OF STATE

CORPORATE

When you need ACCESS to the world

ACCESS, ____

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

			•	, , , , , , , , , , , , , , , , , , , ,		
		PICK	UP:	5/27 DANNY		
	xx	CERTIFIED COPY PHOTOCOPY CUS				
	XX	FILING	CON	VERSION		
1.	-	COLDWATER CAPITAL (CORPORATE NAME AND DOCUM				
2.	-	(CORPORATE NAME AND DOCUM	1ENT #)			
3.	-	(CORPORATE NAME AND DOCUM	IENT #)			
4.	_	(CORPORATE NAME AND DOCUM	IENT #)			
5.	_	(CORPORATE NAME AND DOCUM	IENT #)		.	
6.	_	(CORPORATE NAME AND DOCUM	ENT#)			
	CIAL TRU(CTIONS:				

COVER LETTER

TO: New Filing Section Division of Corporations			
	R CAPITAL INC		
SUBJECT:	Name of Resulting Florid	ida Profit Corporation	
The enclosed Articles of Conversio entity into a "Florida Profit Corpora		a, and fees are submitted to convert the following eligns. 607.11933 & 607.0202, F.S.	gible
Please return all correspondence co	ncerning this matter to:		
Daniel Chocron			
Contact	Person	_	
Firm/Co	ompany	_	
1111 Lincoln Road			
Add	lress		
Miami Beach, FL 331	39		
City, State a	nd Zip Code	_	
simon@bmfcapitalllc.			
E-mail address: (to be used for	future annual report notific	cation)	
For further information concerning t	this matter, please call:		
Daniel Chocron	_{at (} 347	₃ 892-6448	
Name of Contact Person	Area C	Code and Daytime Telephone Number	
Enclosed is a check for the following	g amount:		
□ \$105.00 Filing Fees □\$113.75 I and Certific Status			
Mailing Address:		Street Address:	

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 31, 2022

CORPORATE ACCESS

SUBJECT: COLDWATER CAPITAL INC

Ref. Number: W22000071073

We have received your document for COLDWATER CAPITAL 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):

Correct the spelling of the City in Article II.

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.

Neysa Culligan Regulatory Specialist III

Letter Number: 722A00012204

2022 JUN - 2 PH 12: 1

FIL.ED

Articles of Conversion
For
Converting Eligible Entity
Into
Florida Profit Corporation

2022 JUN -2 AM 11:55

SECRETARY OF STATE TALLAHASSEE, FL

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:
COLDWATER CAPITAL LLC
Enter Name of the Converting Entity
2. The converting entity is a 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 FL
(Enter state, or if a non-U.S. entity, the name of the country)
on 03/03/2022
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> COLDWATER CAPITAL 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: 05/25/2022
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florid Department of State.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be isted as the document's effective date on the Department of State's records.

Signed this 25 day of May	. 20 22
Required Signature for Florida Profit Corporation	<u>:</u>
	· · · · · · · · · · · · · · · · · · ·
Printed Name: Daniel N Chocron Title: MG	<u>R</u>
Required Signature(s) on behalf of Converting Flor companies: [See below for required signature(s).] Signature:	rida partnerships, limited partnerships, and limited liability
Printed Name: Daniel N Chocron	Title: MGR
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	· · · · · · · · · · · · · · · · · · ·
Printed Name:	Title:
Signature:	
Printed Name:	
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.	
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)

The name of t	he corporation shall be: COLDWATE	R CAPITAL INC	
ARTICLE II The principal	PRINCIPAL OFFICE place of business/mailing address is:		
1111 LINCOLN RO	Principal street address	Mailing address, if different is:	
MIAMI E	BEACH, FL 33139	MIAMI BEACH, FL 33139	9
ARTICLE II The purpose f	II PURPOSE For which the corporation is organized is:		
Any and	l all lawful business.	SEC:	7097 JUN
	 	LE ALK	JUN - 2
		<u> </u>	
			1∐: 55
ARTICLE IT	SHARES f shares of stock is:		
ARTICLE V	OFFICERS AND/OR DIRECTORS		
Name and Tit	DANIEL N CHOCRON, MGR	Name and Title:	
Address:	1111 LINCOLN ROAD	Address:	
	MIAMI BEACH, FL 33139 US		<u>_</u>
Name and Titl	le:	Name and Title:	
Address:		Address:	
Name and Titl	e:	Name and Title:	
Address:		Address:	
			

ARTICLE The name	E <u>VI_REGISTERED AGENT</u> and Florida street address (P.O. Box NOT	acceptable) of the registered agent is:
Name:	REGISTERED AGENT SOLUTIONS, INC	
Address:	155 OFFICE PLAZA DRIVE, SUITE A	
	TALLAHASSEE, FL 32301	
******	*************	*****
Having bee this certific	en named as registered agent to accept servi eate, I am familiar with and accept the appoi	ce of process for the above stated corporation at the place designated in ntment as registered agent and agree to act in this capacity
	Required Signature/Registered Agent	

SECTIFICATIVE SECTIFICATION OF THE SECTIFICATION OF