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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
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D. O'KEEFE JUN 17 2022



COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: LIVMAX 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:
EDNA MENDEZ
Contact Person
EMPIRE BUSINESS & TAX ADVISORS, LLC
Firm Company
120 BROADWAY AVE SUITE 302
Address
KISSIMMEE, FL 34741
City, State and Zip Code
ednamendez@empirebta.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: EDNA MENDEZ at (407 , 613-0850
Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$105.00 Filing Fees □\$113.75 Fiting Fees □\$113.75 Filing Fees □\$113.75 Filing Fees and Certificate of and Certified Copy Certified Copy, and Status Certificate of Status
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

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.

LIVMAX, LI	Enter Name of the Converting Entity
2. The converting e	tity is a LIMITED LIABILITY COMPANY
	(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 FLORIDA
	(Enter state, or it a non-O.S. entity, the name of the country)
on 09/16/202	1
	Enter date "Converting Entity" was first organized, formed or incorporated.
	Enter date "Converting Entity" was first organized, formed or incorporated. lorida Profit Corporation as set forth in the attached Articles of Incorporation:
3. The name of the LIVMAX, IN	Enter date "Converting Entity" was first organized, formed or incorporated. lorida Profit Corporation as set forth in the attached Articles of Incorporation:
LIVMAX, IN	Enter date "Converting Entity" was first organized, formed or incorporated. lorida Profit Corporation as set forth in the attached Articles of Incorporation: C Enter Name of Florida Profit Corporation as approved by the eligible converting entity in accordance with this chapter and the laws of its
4. This conversion we current/organic juris	Enter date "Converting Entity" was first organized, formed or incorporated. lorida Profit Corporation as set forth in the attached Articles of Incorporation: C Enter Name of Florida Profit Corporation as approved by the eligible converting entity in accordance with this chapter and the laws of its fiction.
4. This conversion we current/organic juris 5. If not effective or (The effective date: Department of State	Enter date "Converting Entity" was first organized, formed or incorporated. lorida Profit Corporation as set forth in the attached Articles of Incorporation: C Enter Name of Florida Profit Corporation as approved by the eligible converting entity in accordance with this chapter and the laws of its liction. the date of filing, enter the effective date: O3/01/2022 Cannot be prior to nor more than 90 days after the date this document is filed by the Florid:

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SECRLIARY OF STAIR

Signed	this 5	_day ofMAY	. 2022	
		r Florida Profit Corporati		
Signati	ure of Director, (Officer, or, if Directors or Of	ficers have not been selected, an Incorporat	or:
Printec	LIVIA M I	MARQUES MELO Title: Pr	resident	
compa	nies: [See belov	v for required signature(s).	lorida partnerships, limited partnerships	s, and limited liability
Signati	ure:(A	Alleter		
Printed	l Name:	MARIA MARQUES MEL	o _{Title:} President	-
Printec	l Name:		Title:	··
Signati	ure:			
Printec	l Name:		Title:	<u></u>
Signati	ure:			<u></u>
Printec	l Name:		Title:	
Signati	ure:			
Printed	l Name:	·	Title:	— : 2
Signati	ure:			P I 2022 HAY SLURLI IALLAHI
Printec	I Name:		Title:Title:	HASS
	rida General Par ure of one Genera	tnership or Limited Liabil il Partner.	lity Partnership:	Eg P
	r <mark>ida Limited Par</mark> ures of <u>ALL</u> Gen	tnership or Limited Liabil eral Partners.	lity Limited Partnership:	H 3: 32 SIAIE FLORIDA
If Flor Signati	<mark>rida Limited Lia</mark> ure of a Member	hility Company: or Authorized Representativ	re.	
All oth Signat	<u>iers:</u> ure of an authoriz	zed person.		
Fees:	Articles of Con Fees for Florida Certified Copy: Certificate of S	Articles of Incorporation:	\$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)

ARTICLE I	The corporation shall be: LIVMAX I	NC.	
ARTICLE I	II PRINCIPAL OFFICE place of business/mailing address is:		
	Principal street address	Mailing address,	if different is:
4702 P	RAIRIE POINT BLVD		
KISSIN	MMEE, FL 34746		
• •	TIT PURPOSE for which the corporation is organized is: NE SALES- RETAIL AN	ID WHOLESALE	
ARTICLE I	IV SHARES of stock is: 100		2022 MAY SECRETI IALLAHA
	V OFFICERS AND/OR DIRECTORS LIVIA MARIA MARQUES MELO P		MAY 10 PI
Name and Ti Address:	4702 PRAIRIE POINT BLVD	Name and Title: Address:	PH 3: 3: 3: All ORITH
rudi Caa.	KISSIMMEE, FL 34746		<u></u>
Name and Ti	itle:	Name and Title:	
Address:		Address:	
Name and Ti	itle:	Name and Title:	
Address:		Address:	

<u>ARTICL</u>		
The <u>name</u>	and Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:
Name:	EDNA MENDEZ	
Address:	120 BROADWAY AVE SUITE 302	
	KISSIMMEE, FL 34741	
*****	*************	********
• • •	een named as registered agent to accept service of pr icases I am familiar with and accept the appointment	ocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
		05/05/2022
	Required Signature/Registered Agent	Date

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