

P22000054038

(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



600390343056

S. CHATHAM

JUL - 7 2022

ALL REQUESTS FOR
FILING MUST BE
MADE BY JUL 7 2022

2022 JUL - 7 AM 10:1

PROCTER

SECRET
22 JUL - 7 AM 3:25
DIVISION OF REVENUE

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 7/07/2022

****WALK IN****

ENTITY NAME REKEN CORP

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

22 JUL - 7 AM 3:25
RECEIVED
TALLAHASSEE
FLORIDA

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ \$105.00

ACCOUNT # 120160000072

Wine DW

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: **REKEN CORP**

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:

Fiorella VACCA

Contact Person

INNEXT TAX & CONSULTING SERVICES LLC

Firm/Company

848 BRICKELL AVENUE, SUITE 600

Address

MIAMI, FL 33131

City, State and Zip Code

info@innovation.tax

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

For further information concerning this matter, please call:

Fiorella VACCA

at (**305**) **883 9852**

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 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

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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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 filing of the Articles of Conversion is:

REKEN CORP

Enter Name of the Converting Entity

2. The converting entity is a CORPORATION
(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 TEXAS
(Enter state, or if a non-U.S. entity, the name of the country)

on JANUARY 19, 2021
Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

REKEN CORP

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.)

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.

22 JUL -7 AM 3:25

FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

Signed this 10th day of JUNE, 2022

Required Signature for Florida Profit Corporation:

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

[Signature]

Printed Name: Fernando MONTEMAYOR TREVIÑO Title: DIRECTOR

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature: _____

Printed Name: Fernando MONTEMAYOR TREVIÑO Title: DIRECTOR

Signature: [Signature]

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

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)

22 JUL - 7 AM 3:25

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

ARTICLE I NAME
The name of the corporation shall be: REKEN CORP

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

848 BRICKELL AVENUE, SUITE 600
MIAMI, FL 33131

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
To engage in any lawful activity for which corporations may be
incorporated in this State.

ARTICLE IV SHARES
The number of shares of stock is: 1500

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Fernando MONTEMAYOR TREVIÑO - DIRECTOR

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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STATE OF FLORIDA
DEPARTMENT OF REVENUE

ARTICLE VI REGISTERED AGENT

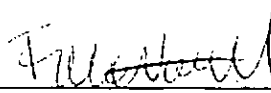
The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: INNEX TAX & CONSULTING SERVICES LLC

Address: 848 BRICKELL AVENUE, SUITE 600

MIAMI, FL 33131

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 Signature/Registered Agent

June 10, 2022

Date

22 JUL -7 AM 3:25
SECRETARY OF STATE
FLORIDA