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

Tallahassee, FL 32314

TO:	New Filing Section Division of Corporations				
SUBJ	LAFFONT INC				
SUDJ		Resulting Flor	da Protit	Corporation	
	nclosed Articles of Conversion, Articles of into a "Florida Profit Corporation" in acc				wing eligible
Please	e return all correspondence concerning thi	is matter to:			
Ма	ritza Colonia				
	Contact Person				
Yaı	nkee Accounting and A	dvisor in	С		
	Firm/Company				
11	1 West 16th St				
	Address				
Lin	den Nj 07036				
	City, State and Zip Cod	le			
	ainc@hotmail.com E-mail address: (to be used for future ann	and amount actif	antion)		
		•	cation)		
	erther information concerning this matter, Iritza Colonia	at (754	.70	30189	
	Name of Contact Person		/	1 Daytime Telephone Number	
Enclo	sed is a check for the following amount:				
≡ \$10	05.00 Filing Fees □\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fi and Certified	_	□\$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		New I Divisi The C	Address: Filing Section on of Corporations fentre of Tallahassee 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.

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not be TILTI

Signed this 09 day of 29	.2022	
Required Signature for Florida Profit Corporation		
Signature of Director, Officer or Aif Directors or Office	cers have not been selected, an Incorporate	or:
Printed Name: Samuel J Verde Title: Pre	esident	
Required Signature(s) on behalf of Converting Flor companies: [See below for required signature(s).]	rida partnerships, limited partnerships,	and limited liability
Signature: Samuel J Verde		<u> </u>
Printed Name: Samuel J Verde	_{Title:} MGR	_
Signature:		_
Printed Name:	Title:	_
Signature:		_
Printed Name: Signature: Printed Name: Signature: Printed Name:	Title:	
Signature:		
Printed Name:	Title:	12022 F
Signature:		SE 00 1
Printed Name:	Title:	- 17 - 17 - 17 - 17 - 17 - 17 - 17 - 17
Signature:		FILTER PM 12:
Printed Name:	Title:	Danier F
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:	-7
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.		

\$35.00 \$70.00

Fees:

Articles of Conversion: Fees for Florida Articles of Incorporation:

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

The name of the corporation shall be: LAFFONT	INC
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address 1871 SW 116 TH WAY Miramar FL, 33025	Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Any and All Lawful Business. The President	ent Have 100% in all responsabilities and
rights front to the good standing of the coorporation and h	e have free to choose any contractation.
	7022 C
	1887. 14 1-14
The number of shares of stock is:	C. 516 C. 516 C. 516
ARTICLE V OFFICERS AND/OR DIRECTORS	
Name and Title: SAMUEL J VERDE	Name and Title: PRESIDENT
Address: 1871 SW 116TH WAY MIRAMAR FL 33025	Address:
Name and Title:	Name and Title:
	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

ARTICL	E VI REGISTERED AGENT	
The name	e and Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:
Name:	SAMUEL J VERDE	
Address:	1871 SW 116TH WAY MIRAMAR FL, 33025	
*****	***************	**********
Having be	een named as registered agent to accept service of proc	ess for the above stated corporation at the place designated in
ınıs cernyi	icate, I am familial with and accept the appointment as	registered agent and agree to act in this capacity
	Tome Mrs	09/29/2022
	Required Signature/Registered Agent	Date

