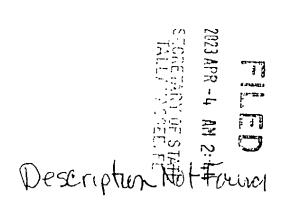


(Requestor's Name)
(Address)
(1-1-1-1-)
(Address)
(City/State/Zip/Phone #)
(Oity/State/Zip/Priorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W23000025936
WXJVVVVXIJY





02 107,123--01045--011 **122.5



COVER LETTER				
TO: New Filing Section Division of Corporations SUBJECT: JB Pro Designs 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:				
Jose E Botta				
Contact Person				
Firm/Company				
2131 Hollywood Blvd Suite 302 Address				
Hollywood FL 33022 City, State and Zip Code				
josebotta@yahoo.com E-mail address: (to be used for future annual report notification)				

For further information concerning this matter, please call:

Jose Botta

9988895

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

□\$113.75 Filing Fees ■\$122.50 Filing Fees, Certified Copy, and

Certificate of Status

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.

2023 APR -4 AM 2: 45
SECRETARY OF STATE
TALL AHASSEF FI

Signed this 31	_ _{_day of} January	23	
Required Signature	for Florida Profit Corporation		
	Office or, if Directors or Offi		
Printed Name: Jos	se Botta _{Title:} Pre	esident	
		rida partnerships, limited par	tnerships, and limited liability
	ow for required signature(s).]		
Printed Name: Jos	e Botta	_{Title:} President	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
If Florida General P Signature of one General	<mark>Partnership or Limited Liabilit</mark> eral Partner,	y Partnership:	
If Florida Limited P Signatures of ALL G	artnership or Limited Liabilit eneral Partners.	y Limited Partnership:	
If Florida Limited L Signature of a Membe	.iability Company: er or Authorized Representative		
All others: Signature of an autho	rized person.		2023 SEC TA

\$35.00

\$70.00

\$8.75 (Optional)

\$8.75 (Optional)

Fees:

Articles of Conversion:

Certificate of Status:

Certified Copy:

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	the corporation shall be: JB Pro Des	signs Corp	
ARTICLE I			
	place of business/mailing address is:		
2131 Hollywood	Principal street address I Blvd Suite 302 Hollywood FL 33022	Mailing address 18726 NE 18th Ave Apt 2198	
	<u> </u>		
ARTICLE I			<u>.</u>
• •	for which the corporation is organized is:		
all law	sul business		
			
			<u></u>
ARTICLE I	IV SHARES 1		
The number of	of shares of stock is:		
ARTICLE	V OFFICERS AND/OR DIRECTORS		
	Jose Botta President	Name and Title:	
	18726 NE 18th Ave		
Address:		Address:	
	Apt 219 Miami FL 33179		
Name and Ti	itle:	Name and Title:	
Address:		Address:	
			202: SE(
	<u> </u>		AP AP
Name and Ti	itle:	Name and Title:	2023 APR -4 SECRETARY TALLAYA
Address:		Address:	CA >
			Lap

<u>ARTICL.</u>	<u>E VI REGISTERED AGENT</u>	
The <u>name</u>	and Florida street address (P.O. Box NO	T acceptable) of the registered agent is:
Name:	Jose Botta	
Address:	18726 NE 18th Ave	
	Apt 219 Miami FL 33179	-
******* Having be	**************************************	**************************************
this certifi	cate, I am familiar with and accept the app	pointment as registered agent and agree to act in this capacity
	Jole By	1/31/2023
	Required Signature/Registered Agent	Date