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(Requestor's Name)
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PICK-UP WAIT MAIL
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#### **COVER LETTER**

TO: New Filing Section
Division of Corporations

SUBJECT: ZARAGON SERVICES 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:

Mitchell T. Mc	Rae, Esq.			
	Contact Person			
McRae Law C	offices, P.A.			
<del></del>	Firm/Company			
5300 W. Atlan	tic Ave., Suite	412		
	Address		· <del></del>	
Delray Beach	FL 33484			
	City, State and Zip Code	2		
	aelawfirm.com			
E-mail address: (t	o be used for future annu	ial report notif	ication)	
For further information	concerning this matter.	please call:		
Mitchell T. Mc		at ( 561	,638	3-6600 (Ext. 1)
Name of Co	ontact Person		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 Fi and Certified	-	■\$122.50 Filing Fees. Certified Copy, and Certificate of Status
Mailing Addr				Address:
New Filing Se Division of Co		New Filing Section Division of Corporations		
P.O. Box 632	•			entre of Tallahassee
Tallahassee. F				N. Monroe Street, Suite 810

Tallahassee, FL 32303

# Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

Signed t	his 13 day of July	. 2023			
	U  d Signature for Florida Profit Corporation:				
Signatur	e of Director, Officer, or, if Directors or Officer	s have not been selected, an Incorporator:			
Printed 1	Name: LISA K. MINER Title: PRE	SIDENT			
	d Signature(s) on behalf of Converting Floridies: [See belowfar required signature(s).]	la partnerships, limited partnerships, a	nd limit	<u>ed liabili</u>	<u>1</u> <u>y</u>
Signatur	e: <b>W</b>				
Printed ?	LISA K. MINER	Title: PRESIDENT			
Signatur	e:				
Printed 1	Name: LISA K. MINER	_ <sub>Title:</sub> SECRETARY			
Signatur	e:				
Printed 1	Name:	_ Title:			
Signatur	e:				
Printed 1	Name:	_ Title:			
Signatur	e:	<u> </u>			
Printed l	Name:	_ Title:			
Signatur	re:				
Printed 1	Name:	_ Title:			
<mark>If Flori</mark> c Signatur	da General Partnership or Limited Liability e of one General Partner.	Partnership:			
<mark>lf Floric</mark> Signatur	da Limited Partnership or Limited Liability es of ALL General Partners.	Limited Partnership:			
	da Limited Liability Company: e of a Member or Authorized Representative.		A LIAT	2923 J	=
<b>All othe</b> Signatur	e <u>rs:</u> re of an authorized person.		: SS:	19 <b>23</b> JUL 26	
	Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	ALL Law SSE L' L' Corp.	ለዝ 4፡ 05	

## ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	I PRINCIPAL OFFICE		
The principal	place of business/mailing address is:		
	Principal street address	Mailing address, if differer	nt is:
300 W. Atlantic	Ave., Suite 412, Delray Beach, FL 33484		
	<del></del>		
			<u> </u>
LRTICLE I	III PURPOSE		
• •	for which the corporation is organized is:		
The purp	ose for which this corporation is	organized is to transact any and	all law
ousiness	for which corporations may be in	corporated under the "Florida E	Busines
 Corporati	on Act", Chapter 607, Florida Statu	es, as now exists or may after be	amende
DTICLE	TV SUADES		
he number o	of shares of stock is: 1,000,000 author  V OFFICERS AND/OR DIRECTORS	ized no par value common sh	nares
he number of	V OFFICERS AND/OR DIRECTORS	ized no par value common sh	nares
The number of th	V OFFICERS AND/OR DIRECTORS		nares
The number of ARTICLE  Name and T  Address:	V OFFICERS AND/OR DIRECTORS ittle: LISA K. MINER, PRESIDENT N MICHIGAN AVE #3840 CHICAGO, IL 60611	Name and Title:	nares
The number of ARTICLE  Name and T  Address:	V OFFICERS AND/OR DIRECTORS ittle: LISA K. MINER, PRESIDENT N MICHIGAN AVE #3840 CHICAGO, IL 60611	Name and Title:Address:	
The number of ARTICLE  Name and T  Address:  Name and T	V OFFICERS AND/OR DIRECTORS itle: N MICHIGAN AVE #3840	Name and Title:  Address:  Name and Title:	
The number of ARTICLE  Name and T  Address:  Name and T	V OFFICERS AND/OR DIRECTORS ittle: LISA K. MINER, PRESIDENT N MICHIGAN AVE #3840 CHICAGO, IL 60611 ittle: LISA K. MINER, SECRETARY	Name and Title:Address:	
The number of ARTICLE Name and To Address: Name and To Address:	V OFFICERS AND/OR DIRECTORS itle: LISA K. MINER, PRESIDENT N MICHIGAN AVE #3840 CHICAGO, IL 60611 ILISA K. MINER, SECRETARY 875 N MICHIGAN AVE #3840 CHICAGO, IL 60611	Name and Title:  Address:  Name and Title:  Address:	
The number of ARTICLE Name and To Address: Name and To Address:	V OFFICERS AND/OR DIRECTORS itle: LISA K. MINER, PRESIDENT N MICHIGAN AVE #3840 CHICAGO, IL 60611 itle: LISA K. MINER, SECRETARY 875 N MICHIGAN AVE #3840	Name and Title:  Address:  Name and Title:	17. TV 3.3.
ARTICLE Name and T Address: Name and T Address:	V OFFICERS AND/OR DIRECTORS itle: LISA K. MINER, PRESIDENT N MICHIGAN AVE #3840 CHICAGO, IL 60611 ILISA K. MINER, SECRETARY 875 N MICHIGAN AVE #3840 CHICAGO, IL 60611	Name and Title:  Address:  Name and Title:  Address:	17. F. T.
The number of ARTICLE  Name and To Address:  Name and To Address:	V OFFICERS AND/OR DIRECTORS itle: LISA K. MINER, PRESIDENT N MICHIGAN AVE #3840 CHICAGO, IL 60611 ILISA K. MINER, SECRETARY 875 N MICHIGAN AVE #3840 CHICAGO, IL 60611	Name and Title:  Address:  Name and Title:  Address:  Name and Title:	VII. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17

### ARTICLE VI REGISTERED AGENT

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

Name:

McRae Law Offices, P.A.

Address:

5300 W. Atlantic Ave., Suite 412

Delray Beach, FL 33484

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



## To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

### Department of Business Services. I certify that

ZARAGON SERVICES CORP., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 20, 1997, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this **26TH** day of **JUNE** A.D.2023

Authentication #: 2317700248 verifiable until 06/26/2024

Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE