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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)	
(Document Number)	
Certified Copies Certificates of S	tatus
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DATE:

03/28/2024

NAME:

BACAZ CORP

TYPE OF FILING: CONVERSION

COST:

105.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Bacaz, Corp			
	lame of Resulting Flor	ida Profit Corporation	
The enclosed Articles of Conversion, A entity into a "Florida Protit Corporation	rticles of Incorporation " in accordance with s	1, and fees are submitted to cons. 607.11933 & 607.0202, F.S.	ivert the following eligible
Please return all correspondence concer	ning this matter to:		
Paula Jalfen			
Contact Per	son		
Legal strategies, PLLC			
Firm/Comp	any		
128 NW 28th street, sui	te 801		
Address	3	_	
Miami, FL 33127			
City, State and 2	Zip Code	_	
paula@smulevichlegal.d		īcation)	. ?;
For further information concerning this	matter, please call:		77 a-
Paula Jalfen	at (305	,722-7090	[2]
Name of Contact Person	Area	a Code and Daytime Telephone	Number
Enclosed is a check for the following ar	nount:		G G
■ \$105.00 Filing Fees □\$113.75 Filing and Certificate Status			i
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 Tallahasse 2415 N. Monroe Street, S.	e

Tallahassee, FL 32303

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.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversi	ion is:		
BACAZ, LLC Enter Name of the Converting Entity	·		
2. The converting entity is a Limited liability company			
(Enter entity type. Example: limited liability company, limited partners general partnership, common law or business trust, etc.)	hip,		
first organized, formed or incorporated under the laws of Florida (Fater state or if a new 11 Secretive the name of the country)			
(Enter state, or if a non-U.S. entity, the name of the country)			
_{on} June 12th, 2012			
Enter date "Converting Entity" was first organized, formed or incorpora	ted.		
3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorpor BACAZ, CORP	·		
Enter Name of Florida Profit Corporation			
4. This conversion was approved by the eligible converting entity in accordance with this chapte current/organic jurisdiction.	er and the la	ıws of its ∼	S
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	it is filed b	y the Flo	rida 🕆
Department of State.)	a shia dasa	و ج	
Note: If the date inserted in this block does not meet the applicable statutory filing requirement listed as the document's effective date on the Department of State's records.	s, this date	wift lion	De j
isted as the document's effective date on the Department of state a records.			1 4 1 4
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		7.1	

Signed this 27	_{day of} March	24	
Required Signature	e for Florida Profit Corporati		
Signature of Directo	or, Officer, or, if Directors or Of	Ticers have not been selected, an Incorporator:	
- hand			
Printed Name: Ang	el Luis Mentasti Title: Pr	esident	
companies: See be	elow (or required signature(s).]	lorida partnerships, limited partnerships, a	nd limited liability
Signature:	aci I viis Montasti	Authorized Penrecentative	
Printed Name: ATT	ger Lais Weritasti	Title: Authorized Representative	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:	· · · ·	Title:	
Signature:			
Printed Name:	· · · · · · · · · · · · · · · · · · ·	Title:	
Signature:			
Printed Name:		Title:	
Signature:		···	
Printed Name:	 -	Title:	
If Florida General Signature of one Ge	Partnership or Limited Liabi neral Partner.	lity Partnership:	~)
If Florida Limited Signatures of ALL	Partnership or Limited Liabi General Partners.	lity Limited Partnership:	
	Liability Company: ber or Authorized Representativ	vc.	(2) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
All others: Signature of an author	orized person.		

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

The name of the corpora	TIPAL OFFICE					
Principal street address 128 NW 28th Street, Suite 801		Mailing address, if different is: 128 NW 28th Street, Suite 801 Miami, FL 33127				
ARTICLE III PURP	75F					
	he corporation is organized is: to engage in	any activity or business per	mited under the laws			
of United States and the	Statu of Florida					
of Office States and the	State of Florida					
	\ <u>-</u>					
ARTICLE IV SHAR						
The number of shares of	stock is: 1,000 shares of common stock hav	ing a par value of One Dollars	(\$1,00) per share. The			
consideration to be paid	by each share of stock shall be fixed by the B	oard of Directors				
ADTICLE IZ INITE	IL OFFICERS AND/OR DIRECTORS					
ARTICLE V INITIA						
ARTICLE V INTIZ						
ARTICLE V INTIZ						
ARTICLE V TOTAL						
ARTICLE V TOTAL						
ARTICLE V TOTAL						
	Angel Luis Managai Procident					
Name and Titl	Angel Luis Managai Procident	Name and Title:				
	Angel Luis Managai Procident					
Name and Titl	2: Angel Luis Mentasti President 128 NW 28th Street, Suite 801					
Name and Titl	Angel Luis Mentasti President					
Name and Titl	2: Angel Luis Mentasti President 128 NW 28th Street, Suite 801					
Name and Titl	2: Angel Luis Mentasti President 128 NW 28th Street, Suite 801					
Name and Titl	Angel Luis Mentasti President 128 NW 28th Street, Suite 801 Miami, FL 33127					
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Name and Titl Address Name and Title Address	Angel Luis Mentasti President 128 NW 28th Street, Suite 801 Miami, FL 33127	Address: Name and Title: Address: Name and Title:				

Name a	and Title:		<u>.</u>	Name and Title:		<u> </u>		
. Addre	ss			_ Address:		-		
					 -			
•						_		
	REGISTERED AGENT							
The name and	Florida street address (P.C). Box NOT acc	eptable) o	f the registered agent is:				
Name:	Registered Agents Inc			_				
Address:	7901 4th St N	STE	300	_				
	St. Petersburg	FL	33702	_				
ADTICLE VII	INCORPORATOR							
	address of the Incorporator	is:						
Name:	Sabrina Smulevich,							
Address:	128 NW 28th Stree	et, Suite 80		-				
TRUIT COS.	Miami, FL 33127			_				
ADTICLE VIII	FEFECTIVE NATE.							
Effective date, i	EFFECTIVE DATE: if other than the date of fili							
(If an effective filing.)	date is listed, the date m	ust be specific :	and canno	ot be more than five da	ays prior	or 90 day	s after (lhe
•				71			7	Part I
	te inserted in this block do effective date on the Depa				ments, th	is date will	not be	e7
	·					:	:.j	r : 3
Having been na	med as registered agent to	accept service o	f process f	for the above stated corp	oration a	the place	designa	ted in this
certificate, I am	familiar with and accept t	he appointment	as register	red agent and agree to a	ct in this	capacity	T	
David Schent	5					1	C.7	ني.
	Required Signa	ture/Registered a	Agent		_	177: [1]	Date .	
	ocument and affirm that to Department of State cons						n subm	itted in a
wite emem in ine	hours -		are jeion	y no province you so sive		Match 27t	h 2024	
متعنو کر معنو کار اور میانده کار کار اور میانده کار	F.				Data		2027	
Kequireo Signa	ture/Incorporator				Date			