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PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO: New Filing Section Division of Corporations

PROJECT HOLIDAY LLC

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:

VICTORIA MORAES

Contact Person

ASSELFIS INTERNATIONAL LLC

Firm/Company

7657 GOLF CHANNEL DR

Address

ORLANDO, FL, 32819

City, State and Zip Code

INFO@ASSELFIS.COM

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

For further information concerning this matter, please call:

VICTORIA MORAES

Name of Contact Person

Enclosed is a check for the following amount:

□ \$105.00 Filing Fees ■\$113.75 Filing Fees □\$113.75 Filing Fees. and Certificate of

and Certified Copy

Certified Copy, and

Status

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

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.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
PROJECT HOLIDAY LLC 122000 361413
Enter Name of the Converting Entity
2. The converting entity is a Center entity type. Example: limited liability company. limited partnership.
(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 FLORIDA (Enter state, or if a popul Scentity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
_{on} 08/16/2022
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> PROJECT HOLIDAY 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.
05/16/2024
5. If not effective on the date of filing, enter the effective date: 05/16/2024 (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florid 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.
tisted as the document's effective date on the Department of State's records.
listed as the document's effective date on the Department of State's records.
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07

Signed	this 16	day of MAY	, 20_	
Requir	ed Signature	for Florida Profit Corporation	<u>n:</u>	
Signatu			cers have not been selected, an Incorpo	rator:
Printed	Name: EMAN	UELEOMBARDO Title: OF	FICER	
		s) on behalf of Converting Floow for required in grature (s).]	orida partnerships, limited partnersh	ips, and limited liability
Signatu	ıre:			
Printed	Name: EMA	NUEL LOMBARDO	Title: OFFICER	
Signati	ire:			
Printed	Name:		Title:	
Signati	ıre:			
Printed	Name:		Title:	
Signati	ıre:			
Printed	Name:		Title:	
Signati	ıre:			<u></u>
Printed	Name:		Title:	
Signatu	ıre:			
Printed	Name:		Title:	
	ida General P ire of one Gene	artnership or Limited Liabilit eral Partner.	ty Partnership:	
		artnership or Limited Liabilit eneral Partners.	y Limited Partnership:	
		iability Company: er or Authorized Representative		. [5]
All oth Signati	ers: are of an author	rized person.		22 <u>- 1</u>
Fees:	Articles of Co Fees for Flori Certified Cop Certificate of	ida Articles of Incorporation: by:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

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: PROJECT HOLIDAY CORP

ARTICLE II PRINCIPAL OFFICE

ARTICLE I	II PRINCIPAL OFFICE		
The principal	place of business/mailing address is:		
Principal street address		Mailing address, if different is:	
10614 DI	EMILO PL, UNIT 101		
ORLA	NDO, FL, 32836		
ARTICLE I			
	for which the corporation is organized is: AND ALL LAWFUL BUS	SINIESS	
AIN I A	AND ALL LAWFOL BOX	DINLOG	
	•		
	,- ,- ,-	-	
	444		
ARTICLE	IV SHARES 1		
The number (of shares of stock is:		
	V OFFICERS AND/OR DIRECTORS		
Name and T	PROJECT DOMINION CORPORATION itle:	Name and Title:	
Address:	10614 DEMILO PLACE, UNIT 101	Address:	
Audress:	ORLANDO, FL, 32836		
Name and T	Emanuel Omar Lombardo Cano - OFFICER itle:	Name and Title:	
Address:	10614 DEMILO PLACE, UNIT 101		783 175
1001001	ORLANDO, FL, 32836		: 54
Name and T	itle:	Name and Title:	
Address:			
Address.	44-47-1	Address:	rome.
			- 1 07

The name	e and Florida street address (P.O. Box NOT acceptab	e) of the registered agent is:	
Name:	ASSELFIS INTERNATIONAL LLC		
Address:	7657 GOLF CHANNEL DR		
	ORLANDO, FL, 32819		
	**************************************	**************************************	ed in
	4 Arctit	05/16/2024	
	Required Signature/Registered Agent	Date	

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000361413

Entity Name: PROJECT HOLIDAY LLC

Current Principal Place of Business:

10614 DEMILO PL UNIT 101 ORLANDO, FL 32836 FILED Apr 29, 2024 Secretary of State 8646380985CC

Current Mailing Address:

10614 DEMILO PL UNIT 101 ORLANDO, FL 32836 US

FEI Number: 88-3800674

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOMBARDO, EMANUEL O 10614 DEMILO PL UNIT 101 ORLANDO, FL 32836 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE: Emanuel O Lombardo

05/16/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title

AMBR

Name

PROJECT DOMINION CORPORATION

Address

10614 DEMILO PL

UNIT 101

City-State-Zip: ORLANDO FL 32836

I heraby certify that the information indicated on this roport or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if mede under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above or on an attachment with all other like empowered.

SIGNATURE: PROJECT DOMINION CORPORATION

AMBR

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date