

P240000048877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

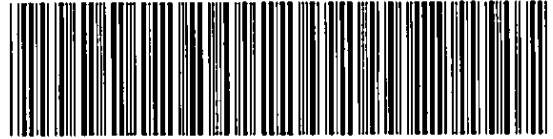
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Mayja LLC
(CORPORATE NAME) (DOCUMENT #)
2. _____
(CORPORATE NAME) (DOCUMENT #)
3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In ☒ Pick up time: _____ ☐ Certified Copy ☐ Certificate of Status

New Filings	
☐	Profit
☐	Non-Profit
☐	Limited Liability
☒	Other: Conversion

Amendments	
☐	Amendments
☐	Resignation
☐	Dissolution/Withdrawal
☐	Other:

Other Filings	
☐	Annual Report
☐	Fictitious Name
☐	Apostille:
☐	Other:

Examiners Initials

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 Conversion is:

MAYJA LLC

Enter Name of the Converting Entity

2. The converting entity is a LIMITED LIABILITY COMPANY
(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 non-U.S. entity, the name of the country)

on 01/04/2022
Enter date "Converting Entity" was first organized, formed or incorporated.

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CLERK OF THE
STATE

3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:

MAYJA 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.

5. If not effective on the date of filing, enter the effective date: _____.

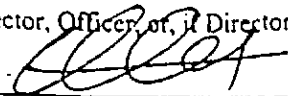
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

Signed this _____ day of _____, 20_____

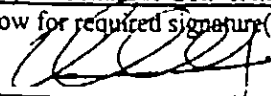
Required Signature for Florida Profit Corporation:

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:



Printed Name: PAULA VITALE Title: P

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature: 

Printed Name: PAULA VITALE Title: AMBR

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

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CLERK OF CIRCUIT COURT
JUL 25 2024

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: MAYJA CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address
102 NW 109 STREET

MIAMI SHORES, FL 33168

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: PAULA VITALE - P

Address: 102 NW 109 STREET
MIAMI SHORES, FL 33168

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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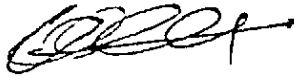
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ARTICLE VI REGISTERED AGENT

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

Name: PAULA VITALE
Address: 102 NW 109 STREET
MIAMI SHORES, FL 33168

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

07/23/2024

Date

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