## P2400075698

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Rec . 12.16.24
WZ400156994

Office Use Only



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November 25, 2024

FRANK DE LA PAZ 11000 SW 104TH ST 2804 MIAMI, FL 33716 US

SUBJECT: PICHO MILAM WELDING INC

Ref. Number: W24000156994

We have received your document for PICHO MILAM WELDING INC and check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew H Hitchcock Regulatory Specialist II

www.sunbiz.org

Letter Number: 424A00025753

## **COVER LETTER**

TO: New Filing Se Division of Co					
SIBLECT. PICH	O MILAM WEL	DING INC	)		
SUBJECT:		Resulting Floric		Corporation	<del></del>
	of Conversion, Articles of Profit Corporation" in acc				t the following eligible
Please return all corre	spondence concerning thi	is matter to:			
Frank de La I	Paz				
	Contact Person				
Equal Service	es				
·	Firm/Company		_		
11000 SW 10	)4th St 2804				
	Address		_		
Miami, FI 337	<b>7</b> 16				
	City, State and Zip Cod	le	<del></del>		
	no@gmail.com		<b>—</b> .		
E-mail address: (	to be used for future ann	ual report notific	ation)		
	n concerning this matter.	please call:			
Frank De La	Paz	_ <sub>at (</sub> 305		2 8422	
Name of C	Contact Person	Area (	Code and	l Daytime Telephone Nu	ımber
Enclosed is a check fo	or the following amount:				
□ \$105.00 Filing Fee.	s ■\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fili and Certified C		□\$122.50 Filing Fees. Certified Copy, and Certificate of Status	
Mailing Add New Filing S Division of C P.O. Box 631	Section Corporations		New I Divisi	Address: Filing Section on of Corporations entre of Tallahassee	

Tallahassee, FL 32314

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.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
PICHO MILAN WELDING 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)
11/22/2019
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> PICHO MILAN WELDING INC
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 16 day of NOVE-1	esn., 20 24
Required Signature for Florida Profit Corporation:	
Signature of Director, Officer, or, if Directors or Office	
Printed Name: OSNIS / MI/Artitle: //	resident.
companies: [See below for required signature(s).]	ida partnerships, limited partnerships, and limited liability
Signature: 1000 Printed Name: 05N/E/ M/AW	
Printed Name: OSNIE/ MI/AW	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 Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees: Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

Signed this 16th day of November	. 20 24
Required Signature for Florida Profit Corporati	<u>on:</u>
Signature of Director. Officer, or, if Directors or Of	·
Printed Name: Osniel Milan Title: P,	S, D
Required Signature(s) on behalf of Converting F companies: [See below for required signature(s).]	lorida partnerships, limited partnerships, and limited liability
Printed Name: Osniel Milan	
Signature:	
Printed Name:	Title:
Signature:	<del></del>
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liabil Signature of one General Partner.	lity Partnership:
If Florida Limited Partnership or Limited Liabil Signatures of <u>ALL</u> General Partners.	ity Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	re.
All others: Signature of an authorized person.	
Fees:  Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$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 II P	RINCIPAL OFFICE		
	business/mailing address is:		
Prir	cipal street address	Mail	ing address, if different is:
13961 NW 2	Oth Court	4310 N	W 186th Street
Opa Locka f	1 33054	Miami Gardens FI 33055	
	URPOSE the the corporation is organized is:		
• •	awful Purpose		
- Triy aria air i			
	<del></del>		
ARTICLE IV SE	IARES 4 000		
<b>ARTICLE IV SF</b> The number of shares	HARES of stock is: 1,000.		
ARTICLE V OF	FICERS AND/OR DIRECTORS		
ARTICLE V OF	ricers and/or directors sniel Milan. P,S,D	Name and Title:	
ARTICLE V OF Name and Title: 43	ricers and/or directors sniel Milan. P,S,D 10 NW 186th Street	Name and Title:	
ARTICLE V OF Name and Title: 43	ricers and/or directors sniel Milan. P,S,D		
ARTICLE V OF Name and Title: 05 Address: 43	ricers AND/OR DIRECTORS sniel Milan. P,S,D 10 NW 186th Street ami Gardens FI 33055	Address:	
ARTICLE V OF Name and Title: Os Address: Mia	ricers and/or directors sniel Milan. P,S,D 10 NW 186th Street ami Gardens FI 33055	Address:	
ARTICLE V OF Name and Title: Os Address: Mia	ricers AND/OR DIRECTORS sniel Milan. P,S,D 10 NW 186th Street ami Gardens FI 33055	Address:	
ARTICLE V OF Name and Title: Os Address: Mia Name and Title: Address:	ricers and/or directors sniel Milan. P,S,D 10 NW 186th Street ami Gardens FI 33055	Address:  Name and Title:  Address:	
ARTICLE V OF Name and Title: Os Address: Mia Name and Title: Address:	ricers and/or directors sniel Milan. P,S,D 10 NW 186th Street ami Gardens FI 33055	Address:  Name and Title:  Address:	

ARTICL			
The name	and Florida street address (P.O. Box NOT accepta	ole) of the registered agent is:	
Name:	Osniel Milan		
Address:	4310 NW 186th Street		
	Miami Gardens Fl 33055		
******	*****	**************************************	tad in
	een namea as registerea agent to accept service of pr icate, I am familiar with and accept the appointment	ocess for the above stated corporation at the place designal is registered agent and agree to act in this capacity	va m
	01	11/16/2024	
	Required Signature/Registered Agent	Date	

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