## 778840000459

| (R                      | equestor's Name)       |
|-------------------------|------------------------|
| . (A                    | ddress)                |
| (A                      | ddress)                |
| (C                      | ity/State/Zip/Phone #) |
| PICK-UP                 | WAIT MAIL              |
| (6                      | Business Entity Name)  |
| <u>.</u> (E             | Occument Number)       |
| Certified Copies        | Certificates of Status |
| Special Instructions to | o Filing Officer       |
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2024 JUL 25

JUL 25 PM 3: 32



12905 SW 42<sup>nd</sup> ST., Ste: 210 Miami, FL 33175 Phone: 305-444-4994 / 305-444-4977

Email: filing@ecfsfiling.com

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|   |                               | ATION NAME(S) & DOCUMENT NU       | 202   |
|---|-------------------------------|-----------------------------------|---|
|   | 1. Mayja                      | , LIC                             | 2024 J.T.                                   |
|   | (CORPORATE NAME)              | (D                                | OCUMENT#)                                   |
|   | 2.                            |                                   |   |
|   | (CORPORATE NAME)              | (D                                | OCUMENT#)                                   |
|   | 3. (CORPORATE NAME)           |                                   | OCUMENT #)                                  |
|   | (COM ONATE MAINE)             | (0                                | OCCIVILIA I #)                              |
|   |                               |                                   | ·   |
|   |                               | ick up time: Certified Copy       | ·   |
| - | ☐ Walk-In Pi                  | ick up time: Certified Copy       | ·   |
| - |                               |                                   | Certificate of Status                       |
|   | New Filings                   | Amendments                        | Certificate of Status  Other Filings        |
|   | New Filings Profit            | Amendments Amendments             | Other Filings Annual Report                 |
|   | New Filings Profit Non-Profit | Amendments Amendments Resignation | Other Filings Annual Report Fictitious Name |

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:  |                          |          |
|---|--------------------------|----------|
| 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.)   | ;-<br>;-<br>;-           | 2024 JUL |
| 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   | (A)<br>(A)<br>(B)<br>(B) | 25 AH    |
| Enter date "Converting Entity" was first organized, formed or incorporated.   |                          | 9:1-7    |
| 3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> 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 current/organic jurisdiction.   | he laws o                | f its    |
| 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 file Department of State.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this disted as the document's effective date on the Department of State's records. |                          |          |

| Signed thisday of   | , 20   |                 |   |
|---|--|-----------------|---|
| Required Signature for Florida Profit Corporation   | <u>n:</u>                                      |                 |   |
| Signature of Director, Officer, of, it Directors or Off   | icers have not been selected, an Incorporator: |                 |   |
| Printed Name: PAULA VITALE Title: P   |  |                 |   |
| Required Signature(s) on behalf of Converting Fl<br>companies: [See below for required signature(s).] | orida partnerships, limited partnerships, and  | limited liabili |   |
| Signature:  |  |                 |   |
| Printed Name: PAULA VITALE  | Title: AMBR                                    |                 |   |
| Signature:  |  |                 |   |
| Printed Name:   | Title:   | 702             |   |
| Signature:  |  | 2024 JUL        | 1                                       |
| Printed Name:   | Title:   |                 | e i chia<br>(15±7±4<br>(                |
| Signature:  |  |                 | ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) |
| Printed Name:   | Tide:  |                 | المحتدرا                                |
| Signature:  |  |                 |   |
| Printed Name:   | Title:   |                 |   |
| Signature:  |  |                 |   |
| Printed Name:   | Title:   |                 |   |
| If Florida General Partnership or Limited Liabili   | ty 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.

## ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| The name of    | the corporation shall be: MAYJA CO                                       |                                       |                     |
|----------------|--|---------------------------------------|---------------------|
| ARTICLE .      | I PRINCIPAL OFFICE I place of business/mailing address is:               |                                       |                     |
| riio priitaipa | - ·  |                                       | 16 J160 mans for    |
| 102 NW 109 ST  | Principal street address   | Mailing address                       | i, it different is: |
| MIAMI          | SHORES, FL 33168   |                                       |                     |
|                |  |                                       |                     |
| The purpose    | III PURPOSE For which the corporation is organized is: AND ALL LAWFUL BU | SINESS                                | 2024 JUL 25         |
|                |  |                                       |                     |
|                |  |                                       | -0.54               |
|                |  |                                       |                     |
|                |  | · · · · · · · · · · · · · · · · · · · |                     |
| ARTICLE :      | IV SHARES of stock is:   |                                       |                     |
| ARTICLE        |  |                                       |                     |
| Name and Ti    | itle: PAULA VITALE - P   | Name and Title:                       |                     |
| Address:       | 102 NW 109 STREET  | Address:                              | _                   |
| riddicss.      | MIAMI SHORES, FL 33168   |                                       |                     |
| Name and Ti    | itle:  | Name and Title:                       |                     |
|                |  |                                       |                     |
| Address:       |  |                                       |                     |
| N              |  |                                       |                     |
|                | tle:   | Name and Title:                       |                     |
| Address:       |  | Address:                              |                     |
|                |  |                                       |                     |
|                |  |                                       |                     |

| Name:                          | PAULA VITALE                           |   |                                  |            |
|--------------------------------|--|---|----------------------------------|------------|
| Address:                       | 102 NW 109 STREET                      |   |                                  |            |
|                                | MIAMI SHORES, FL 33168                 |   |                                  |            |
| ********  Having bathis certif | ************************************** | ess for the above stated corporation registered agent and agree to act in | at the place de<br>this capacity | signated i |
|                                | all contract of the second             | 07/23/2024  |                                  |            |
|                                | Required Signature/Registered Agent    | Date  | 7074 JUL 25                      | 5          |
|                                |  |   |                                  |            |

ARTICLE VI REGISTERED AGENT

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