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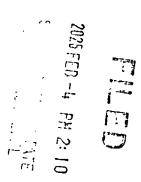
(Re	equestor's Name)		
(Ac	dress)	· · · · · · · · · · · · · · · · · · ·	
(Āc	dress)		
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to Filing Officer:			
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COVER LETTER

TO: New Filing Section **Division of Corporations**

NOMA REMODELING CORP

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:

MATHEUS PINA CERQUEIRA

Contact Person

Firm/Company

3254 SUSTANAIBLE WAY

Address

KISSIMMEE, FL 34747

City, State and Zip Code

julianakarfitsas@gmail.com

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

For further information concerning this matter, please call:

MATHEUS PINA CERQUEIRA

Name of Contact Person

Enclosed is a check for the following amount:

■ \$105.00 Filing Fees □\$113.75 Filing Fees

□\$113.75 Filing Fees

 \square \$122.50 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:

Signed this 07 day of January	25	
Required Signature for Florida Profit Corporation:		
Signature of Director, Officer, or, if Directors or Office	ers have not been selected, an Incorporator	r:
Printed Name: MAtheus P. Cerqueira Title: Pre	sident	
Required Signature(s) on behalf of Converting Flor companies: [See below for required signature(s).]		and limited liability
Signature:		_
Printed Name: MATHEUS PINA CERQUEIRA	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 Signature of one General Partner.	Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		202
All others: Signature of an authorized person.		2025 FEB -4
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)	FED 4 PH 2: 10

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: NOMA REMODELING CORP ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Principal street address Mailing address, if different is: 3254 SUSTANAIBLE WAY 3254 SUSTANAIBLE WAY KISSIMMEE, FL 34747 KISSIMMEE, FL 34747 ARTICLE III PURPOSE The purpose for which the corporation is organized is: CONSTRUCTION ARTICLE IV SHARES The number of shares of stock is: 1000 ARTICLE V OFFICERS AND/OR DIRECTORS MATHEUS PINA CERQUEIRA, PRESIDENT Name and Title: Name and Title: 3254 SUSTANAIBLE WAY Address: Address: KISSIMMEE, FL 34747 Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: Address:

ARTICL			
The <u>name</u>	e and Florida street address (P.O. Box NOT accepta	ole) of the registered agent is:	
Name:	JULIANA KARFITSAS CONSULTING LLC		
Address:	6965 PIAZZA GRANDE AVE SUITE 203		
	ORLANDO, FLORIDA 32835		
******* Having he	**************************************	**************************************	ad i
this certifi	icate, I am familiar with and accept the appointment	as registered agent and agree to act in this capacity	su u
	han.	01/07/2025	
	Required Signature/Registered Agent	Date	

FILED
2025 FEB -4 PH 2: 10