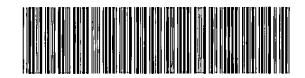
# 21000083913

(R	Requestor's Name)
(A	ddress)
(A	ddress)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(8	Business Entity Name)
(E	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
L.	21-369184

Office Use Only



900371998759 7821 SEP 27 PM 3° 02

03.77(7) - 0100, 010 we110.76

2021 SEP 27 PM 1: 45

RECEIVED

4 0/27/21

## **CORPORATE**

When you need ACCESS to the world

ACCESS, \_\_\_\_

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

			<b>"</b>	V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		PICK	UP:	9/27 Glinda	
		CERTIFIED COPY			
X	X	РНОТОСОРУ			-
:	ХX	CUS			<del>-</del>
2	ХХ	FILING	CON	VERSION	
1.		LUCA INVESTMENT PR		IES, CORP.	
2.		(CORPORATE NAME AND DOCUM	IENT #)		
3.		(CORPORATE NAME AND DOCUM	IENT #)		
4.		(CORPORATE NAME AND DOCUM			
5.		(CORPORATE NAME AND DOCUM	ENT#)		
6.		(CORPORATE NAME AND DOCUM	ENT#)	<del>-</del>	
SPEC INST		L CTIONS:			

#### **COVER LETTER**

TO:

**New Filing Section** 

Division of Corporations

SUBJECT: Luca Investment Properties, 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:

Osmundo O. Martinez, Esq.

Osmundo O. Martinez, Esq., PLLC

Firm/Company

999 Ponce de Leon Blvd., Suite 735

Address

Coral Gables, FL 33134

City, State and Zip Code

osmundomartinez@mundi.law

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

For further information concerning this matter, please call:

Osmundo O. Martinez

at (305)

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

and Certificate of

□ \$105.00 Filing Fees ■\$113.75 Filing Fees □\$113.75 Filing Fees and Certified Copy

\$122.50 Filing Fees, Certified Copy, and Certificate of Status

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

ED

## **Articles of Conversion** For **Converting Eligible Entity** Florida Profit Corporation

2021 SEP 27 PH 3- 02

SECRETARY OF STATE TALLAHASSEE, FL

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 Section 1993 & 607.0202, Florida Statutes.
1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
Luca Investment Properties 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 August 17, 2021
Enter date "Converting Entity" was first organized, formed or incorporated.
•
3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
Luca Investment Properties, 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: September 27, 2021
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.)
<b>Note:</b> If the date inscribed in this block does not meet the applicable statutory filing requirements, this date will not be isted as the document's effective date on the Department of State's records.

Signed this	<sub>day of</sub> September	2021
Required Sign	nature for Florida Profit Corporation	<u> </u>
Signature of D	irector, Officer or, if Directors or Offic	ers have not been selected, an Incorporator:
Printed Name:	Osmundo O. Martinez Title: Dire	ector
Required Sign	ature(s) on/behalf of Converting Flor	ida partnerships, limited partnerships, and limited liability
<del></del>	The state of the s	
Signature:		N. 1 - 1 - 1
Printed Name:	Osmundo O. Martinez	_ <sub>Title:</sub> Manager
Signature:		
		Title:
		Title:
		_ Title:
		_ Title:
If Florida Gene	ral Partnership or Limited Liability I General Partner.	
If Florida Limit Signatures of AL	ed Partnership or Limited Liability I L General Partners.	<u> Limited Partnership:</u>
If Florida Limit Signature of a Me	ed Liability Company: ember or Authorized Representative.	
All others: Signature of an ac	uthorized person.	
Fees:		
Fees for I Certified	Florida Articles of Incorporation: Copy:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

FIED

## ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION

ARTICLE I NAME

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 2821 SEP 27 PM 3 02

ARTICLE II P	RINCIPAL OFFICE f business/mailing address is:		Properties, Co	
	cipal street address		Mailing address, if differe	ent is:
999 Ponce de	Leon Blvd #735	<del>-</del>		
Coral Gable	es, Florida 33134	<del></del> -		
RTICLE III P	URPOSE			
	th the corporation is organized is:			
	all business legally permited in the		and in the United States of An	nerica
		<u> </u>		
<del></del>				
				<del>_</del>
RTICLE IV SH	ARES 1000			
RTICLE IV SH	ARES 1000			
he number of shares	ARES of stock is: 1000	ıs.		
he number of shares of	of stock is: 1000	<del></del>	itle.	
he number of shares of the number of the number of shares of the number of the n	of stock is:	Name and T	itle:	-
he number of shares of the number of the number of shares of the number of sha	of stock is: TOOO  FICERS AND/OR DIRECTOR  undo O. Martinez, Director	<del></del>	Title:	
Name and Title:  Osm Address:  Cora	Ponce de Leon, Suite 735 Il Gables, FL 33134	Name and T Address:		
he number of shares of RTICLE V OF Same and Title:  Osm ddress:  Cora	FICERS AND/OR DIRECTOR undo O. Martinez, Director Ponce de Leon, Suite 735 Il Gables, FL 33134	Name and T Address:  Name and T	itle:	
he number of shares of the num	FICERS AND/OR DIRECTOR undo O. Martinez, Director Ponce de Leon, Suite 735 Il Gables, FL 33134	Name and T Address:  Name and T	itle:	
he number of shares of the num	FICERS AND/OR DIRECTOR undo O. Martinez, Director Ponce de Leon, Suite 735 Il Gables, FL 33134	Name and T Address:  Name and T Address: Address:	itle:	
The number of shares of the nu	FICERS AND/OR DIRECTOR undo O. Martinez, Director Ponce de Leon, Suite 735 Il Gables, FL 33134	Name and T Address:  Name and T Address: Address:	itle:	

ARTICI.	E VI REGISTERED AGENT and Florida street address (P.O. Box N	OT acceptable) of the registered agent in
Name:	Osmundo O. Martinez,	or the registered agent is.
Address:	999 Ponce de Leon Suite 735	<del>-</del>
	Coral Gables, FL 33133	_
*********  Having he  this certific	en named as registered agent to accept se cate, I am familiar with and accept the ap	ervice of process for the above stated corporation at the place designated in pointment as registered agent and agree to act in this capacity    Park   Park

SECRETARY OF STATE