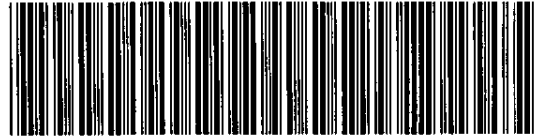


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11/07/16--01035--020 **105.00

(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:

Office Use Only

16 NOV - 7 PM 4:50
T. BURCH

T. BURCH
NOV 1 2016

T. BURCH
NOV 14 2016

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: GIFANA CORP

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

MARIA B. PARJUS, ESQ

Contact Person

PARJUS LAW

Firm/Company

15 35 N PARK DR SUITE 104

Address

WESTON FL 33326

City, State and Zip Code

LEGAL@PARJUSLAW.COM

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

For further information concerning this matter, please call:

MARIA PARJUS

954 218-5909

at ()

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees
- \$113.75 Filing Fees and Certificate of Status
- \$113.75 Filing Fees and Certified Copy
- \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
“Other Business Entity”
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **“Other Business Entity”** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the “Other Business Entity” immediately prior to the filing of this Certificate of Conversion is:
GIFANA LLC

Enter Name of Other Business Entity

2. The “Other Business Entity” is a LLC
(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 10/10/2016
Enter date “Other Business Entity” was first organized, formed or incorporated

RECEIVED
16 NOV -7 PM 4:50
STATE OF FLORIDA
DEPARTMENT OF STATE

3. If the jurisdiction of the “Other Business Entity” was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**
GIFANA CORP

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

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 31st day of October, 2016.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

* Incorporator: [Signature]
Printed Name: Natalino De Simone Title: Part Director

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

* Signature: [Signature]
Printed Name: NATALINO DE SIMONE Title: _____ MGR

* Signature: [Signature]
Printed Name: ROSA CAROLINA de De Simone Title: _____ MGR

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

16 NOV -7 PM 14:50
[Vertical stamp text]

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.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME GIFANA CORP

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address
475 BRICKELL AVE

SUITE 1712

MIAMI FL 33131

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY LAWFUL BUSINESS.

16 JUN 7 10 50 PM '91

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NATALINO DE SIMONE/PDT/Director

Address: 475 BRICKELL AVE SUITE 1712

MIAMI FL 33131

Name and Title: ROSA CHAZZIN/VP/DIRECTOR

Address: 475 BRICKELL AVE SUITE 1712

MIAMI FL 33131

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: MARIA PARJUS
Address: 1535 N PARK DR SUITE 104
WESTON FL 33326

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIA PARJUS
Address: 1535 N PARK DR SUITE 104
WESTON FL 33326

16 NOV -7 PM 1:50
STATE OF FLORIDA
DEPARTMENT OF STATE

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

10/31/2016
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

10/31/2016
Date