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Certified Copies	_ Certificate:	s of Status
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### COVER LETTER

10:	Division of	Corporations						
SUB.II	ECT:	Articles	O f	Conversion		G loway	<u> </u>	, <del></del>
				of Resulting Florida Limit		pany)		
				eles of Organization, a liability Company" in a				
Please	return all co	rrespondence	concernin	g this matter to:				
	Fab	10 Vayor Contact Pe loway 1	a					
		(Contact Pe	rson)					
	6	iloway 1	nc					
		(Firm/Com	pany)					
	9644	1 Vineyora	(ct)					
		(Addres	is)	· · · · · · · · · · · · · · · · · · ·				
	Bor	a Raton	, Fl	33428				
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	fvoré	na a gw	w.lsa	M				
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For fu				itter, please call:				
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	(Name of Co	ntact Person)		(Area Code) (Da	aytime T	elephone Num	ber)	
Enclos	sed is a checi	k for the follow	wing amo	unt:				
(\$25 fo & \$125	0.00 Filing Fee r Conversion for Articles mization)	s \$155.00 F and Certifica Status		□\$180.00 Filing Fees and Certified Copy	Certi	185.00 Filing F ified Copy, and ificate of Status	l	
STRE	ET ADDRI	ESS:		MAILING	ADDR	RESS:		
_	ration Section			Registration				
	on of Corpor	rations		Division of	•	rations		
	n Building Executive Ce	enter Circle		P. O. Box 6 Tallahassee		2314		
					,	• •		

Tallahassee, FL 32301

#### **Articles of Conversion**

For

#### "Other Business Entity"

Into

#### Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles	of Conv	ersior	ı is:
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a Corporation  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)			
First organized, formed or incorporated under the laws of Florida  on 09 05 2006  (date of organization, formation or incorporation)  (Enter state, or if a non-U.S. entity, the na	me of the	countr	- y)
3. The name of the Florida Limited Liability Company as set forth in the attached Article  Cloway LLC.  (Enter Name of Florida Limited Liability Company)	es of Org	ganiza	ation:
4. If not effective on the date of filing, enter the effective date:  (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 9 date this document is filed by the Florida Department of State; AND 2) must be the s date listed in the attached Articles of Organization, if an effective date is listed therei Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ame as t n.)	he efi	fective
5. The plan of conversion has been approved in accordance with all applicable statutes.		15 SEP -	d Ar are k pense 2
Page 1 of 2			<u>.</u>

Signed this 3 day of September	2015	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Hebu	o Umou a	
Printed Name: Fabio Vuronu	_ Title: Owner	<del></del>
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
Signature: Hubw Vouwu	(-/, <b>]</b>	
Printed Name: Fabio Varono	Title: Owner	
Signature:Printed Name:	Title:	<del>-</del>
Signature: Printed Name:	Title:	_
Signature: Printed Name:	Title	_
Signature:Printed Name:	Title	<del></del>
Timed Name.		_
Signature:Printed Name:		_
Fillied Name.		_
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer	
If Directors or Officers have not been selected, an Inc		
TO DELL'A COMMANDE DE LA COMMANDA DE L'ANDRE	4. Danda and to	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnersmp:	
TOTAL		
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
All others:		_
Signature of an authorized person.		्रैं हैं ज
Fees:		30 m
1.503.		φ Co ;
Articles of Conversion:	\$25.00	The Tree
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$30.00 (Optional)	\$ \$ C
Certificate of Status:	\$5.00 (Optional)	THE PERSON NAMED IN COLUMN

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limite	d Liability	Company is:			
_	~1	110			
		Trc			
(Must end	f with the word	ls "Limited Liability	Company, "	L.L.C.," or "LLC.	")
ARTICLE II - Addres	ss:				
The mailing address an	d street add	dress of the prin	ncipal offi	ce of the Limi	ited Liability Company is:
Principal Office Addr	ess:		Mailing	Address:	
		•	9644	Vineyord	ct
BIFI NW 6	33166		2010	Raton 1	Ct F1 33428
Market	<u> </u>		00\5		
ARTICLE III - Regis: (The Limited Liability Comparabusiness entity with an active	ny cannot serve Florida registr	e as its own Registe ration.)	red Agent. Ye	ou must designate	Agent's Signature: an individual or another
The name and the Flori			-	gent are:	
	tat	010 Varo Name	ηα		
		Name			
	9644	Name Vineyard	ct		
FI	orida street	address (P.O.	Box NOT	acceptable)	•
<b>~</b>	Bow	Ruton City	FL	33428	
		City		Zip	
liability company registered agent and statutes relating to	at the place agree to ac the proper of tions of my	e designated in It in this capaci and complete p	this certificty. I further erformance istered age	cate, I hereby or agree to con e of my duties ent as provided	s for the above stated limited accept the appointment as nply with the provisions of all, and I am familiar with and I for in Chapter 605, F.S
		(CONTINU	JED)		SE SE LO

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Fabio Varona	
MGR	9644 Vineyord ct	
	Bora Raton, Fl 33428	
AMBR	Maria I Barona	
	9644 Vineyard ct	
	Boca Ration, Fl 33428	
		<del></del>
		<del></del>
	the date of filing: (Cast be specific and cannot be more than five b	PTIONAL)
CLE V: Effective date, if other than effective date is listed, the date multiple of filing.)	eet the applicable statutory filing requirements, this date	ousiness day
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CLE V: Effective date, if other than effective date is listed, the date me 0 days after the date of filing.) If the date inserted in this block does not ment's effective date on the Department of State CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a ment of this document is executed if am aware that any false inficonstitutes a third degree fellows.	eet the applicable statutory filing requirements, this date ate's records.  Aber or an authorized representative of a mer in accordance with section 605.0203 (1) (b), Florida Statutory filing requirements, this date ate's records.	will not be list
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Page 2 of 2

The name and address of each person authorized to manage and control the Limited Liability

**ARTICLE IV-**

# **Electronic Articles of Incorporation For**

P06000114221 FILED September 05, 2006 Sec. Of State jshivers

GLOWAY, INC

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

#### Article I

The name of the corporation is: GLOWAY, INC

#### **Article II**

The principal place of business address:

4331 SW 160 AVENUE 107 MIRAMAR, FL. 33027

The mailing address of the corporation is:

4331 SW 160 AVENUE 107 MIRAMAR, FL. 33027

#### **Article III**

The purpose for which this corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

#### **Article IV**

The number of shares the corporation is authorized to issue is: 5,000

#### Article V

The name and Florida street address of the registered agent is:

FABIO VARONA 4331 SW 160 AVENUE 107 MIRAMAR, FL. 33027



#### **Article VI**

The name and address of the incorporator is:

FABIO VARONA 4331 SW 160 AVENUE 107 MIRAMAR, FL 33027

Incorporator Signature: FABIO VARONA

#### **Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P FABIO VARONA 4331 SW 160 AVENUE # 107 MIRAMAR, FL. 33027

Title: VP MARIA I BARONA 4331 SW 160 AVENUE # 107 MIRAMAR, FL. 33027

Title: ST BEATRIZ E VARONA 4331 SW 160 AVENUE # 107 MIRAMAR, FL. 33027 I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: FABIO VARONA

P06000114221 FILED September 05, 2006 Sec. Of State jshivers