211000109264

(Red	questor's Name)	
(Address)		
(Address)		
•		
(City	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doo	cument Number)	
•		
Certified Copies	_ Certificates	of Status
Special Instructions to F	Filing Officer:]
		İ
		·
		į
		i

Office Use Only



000215317930

T. CLINE DEC 30 2011

EXAMINER

12/28/11--01029--021 **113.75

COVER LETTER

Registration Section Division of Corporations

TO:

Tallahassee, FL 32301

SUBJECT: FR	Riendstik	L. Inc.			
	Name of R	esulting Florida Profit Cor	poration	_	
The enclosed Certifica "Other Business Entity					an
Please return all corres	spondence concerning	g this matter to:			
ETzer	Zamor				
	Contact Person				
FriendsT	IK, INC.	•			
12864 B					
	Address			h stag	
North Mia	mi, FL y, State and Zip Code	33181		ALL SALL	· Pg.
etzamoi	re yahoo.	com		DEC 28 AND SEED OF THE PARTY OF	Trace
E-mail address: (to be	e used for future annual re	eport notification)		P.S.	
For further information	n concerning this mat	•		AH N: 20	ر ™بور
Etzer Za	mor	_at (786) 5	14-7367	3 M	
Name of Conta	ct Person		me Telephone Number	_	
Enclosed is a check for	r the following amou	nt:			
-	\$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: Registration Section Division of Corporatio	-	MAILING A Registration S Division of C	Section		
Clifton Building	Clifton Building P. O. Box 6327				
2661 Executive Center	661 Executive Center Circle Tallahassee, FL 32314				

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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:				
FRIENDSTIK, LLC. LII-13/894				
Enter Name of Other Business Entity				
2. The "Other Business Entity" is a <u>limited liability Company</u> (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				
(Hinter state or it a non-IIIN entity the name of the colintry)				
on November 15, 2011				
Enter date "Other Business Entity" was first organized, formed or incorporated				
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: Not Applicable				
Not Applicable				
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> :				
FRIENDSTIK, Inc. Enter Name of Florida Profit Corporation				
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.)				
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.				
7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is				

currently organized, formed or incorporated.

Signed this 22 day of Jecember	, 20 <u>//</u>	
Required Signature for Florida Profit Corporation Individual signing affirms that the facts stated in this a third degree felony as provided for in s.817.155, F	s document are true. Any false infort	mation constitutes
Signature of Chairman, Vice Chairman, Director, O selected, an Incorporator: Etsanor Title:	SecreTARY, vice d	ve not been
Required Signature(s) on behalf of Other Business stated in this document are true. Any false informati s.817.155, F.S. [See below for required signature(s).]	on constitutes a third degree felony a	as provided for in
Signature: Effect Jamy. Printed Name: ETZER ZAMOR	Title: MGR	<u> </u>
Signature:Printed Name:		
Signature:Printed Name:	Title:	
Signature: Printed Name:	Title:	25c 1985 1981
Signature:Printed Name:	Title:	DEC 28
Signature:Printed Name:	Title:	MIN: E
If Florida General Partnership or Limited Liability Signature of one General Partner.	<u>Partnership:</u>	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	Etzer zong.	
All others: Signature of an authorized person.	00.	
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

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

The name of the corporation shall be: FRIENASTIK,	INC.
Principal OFFICE Principal street address 12864 Biscayne Blvd. #291 NORTH MIAMI, FL 33181	Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is: To Provide a platform for Social and as any lawful purpose for organized.	al Networking on the web. which companies may b
ARTICLE IV SHARES 50,000,000 Shares The number of shares of stock is:	of stock where: 0,000 are Common stocks 0,000 are Preferred stocks
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Name	me and Title:dress:
Address: 45 NE 104 STREET Address: 45 NE 104 STREET Address: 5640 Marc Verome, R. D. Nan Address: 5540 Lyons Road Apt 208 Address: Coconut Creek, FL 33073	AND CO
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the rename: Name: ETZER ZAMOR Address: 12864 Biscayne Blud #29, NORTH Midmi fL 3318/	egistered agent is:
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: ETZER ZAMOR Address: 45 NE 10 4 STREET M. ami Shores FL 33138	
Having been named as registered agent to accept service of process for this certificate, I am familiar with and accept the appointment as registered. Required Signature/Registered Agent	d agent and agree to act in this capacity
I submit this document and affirm that the facts stated herein are true. document to the Department of State constitutes a third degree felony as possible. Required Signature/Incorporator	I am aware that any false information submitted in a rovided for in s.817.155, F.S. 12/22/201/ Date