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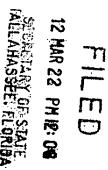
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



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D. BRUCE
MAR 2 3 2012
EXAMINER

COVER LETTER

TO: Registration S	Section Corporations			
	VISCOMI L	JUSON :	INC.	
SUBJECT. 190	Name of R	esulting Florida Profit	Corporation	
			tion, and fees are submit accordance with s. 607	
Please return all corr	espondence concernin	g this matter to:		
MARGARE	Contact Person	<i>\\</i>		
				2 3
1710 5	Firm/Company W Isr Ava	?_		MAR 2:
Pompani	Address BCH F City, State and Zip Code	L 33060	Ó	PHIE: 00
Wegram@ E-mail address: (to	eavth/ink.	net eport notification)		
For further informati	on concerning this ma	tter, please call:	,	
MARGARET Name of Con	WILSON tact Person	at (Sy)	9426808 Daytime Telephone Number	
Enclosed is a check f	or the following amou	nt:	/	
☐ \$105.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fe and Certified Copy	es D\$122.50 Filing Fee: Certified Copy, and Certificate of Status	s,
STREET ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions	Registrati Division o P. O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	

Tallahassee, FL 32301

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:
M VISCOMI WILSON LLC
Enter Name of Other Business Entity
2. The "Other Business Entity" is a LLC L13000 37897 (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 FEB 27, 2012— Sentity, the name of the country)
on FEB. 27, 2012— Enter date "Other Business Entity" was first organized, formed or incorporated &
 which it is now organized, formed or incorporated: 4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u>:
M VISCOMI WILSON 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

Page 1 of 2

currently organized, formed or incorporated.

Signed this 19 day of MARCH	, 20 1 2	
Required Signature for Florida Profit Corporate Individual signing affirms that the facts stated in the a third degree felony as provided for in s.817.155, it	is document are true. Any false inform	nation constitutes
Signature of Chairman, Vice Chairman, Director, Coselected, an Incorporator: Magash 7/2 Printed Name: MARGARET VISCOMI WILLS Title:	scone Wilson	
Required Signature(s) on behalf of Other Business stated in this document are true. Any false informat s.817.155, F.S. [See below for required signature(s).]	tion constitutes a third degree felony a	s provided for in
Signature: Margaret Viscomi Wild Printed Name: MARGARET VISCOMI WILS	Por	_
Signature:Printed Name:	Title:	_
Signature:Printed Name:	_ Title:	[真質 ス
		and the second second
Signature:Printed Name:	Title:	22 SSF
		3 m
Signature: Printed Name: Signature:	Title:	PH IN: 08
G: .		RA S
Signature:Printed Name:	Title:	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.		
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 INCORPORATION

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

The name of the corporation shall be: M VISCOMI WIL	SON INC
Principal Street address	Mailing address, if different is:
POMPANO BEACH, FL 33060 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY AN	
ARTICLE IV SHARES The number of shares of stock is:	
	Name and Title: Address:
	Name and Title:
Name and Title:	Name and Title:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the Name: Address: 1710 SW 31 Ave Pamp: BcH FL 3 3000	e registered agent is:
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: MARGARET VISCOMI WILSON Address: 1710 SW 97 Avr POMP - BCH FL 33060	/
Having been named as registered agent to accept service of process for this certificate, I am familiar with and accept the appointment as registed Mayarel Viscomi Wilson Required Signature/Registered Agent	
I submit this document and affirm that the facts stated herein are tru document to the Department of State constitutes a third degree felony as Magazel Usconic Wilson Required Signature/Incorporator	