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(Requestor's Name)

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(Business Entity Name)

(Document Number)

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EXAMINER



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EFFECTIVE DATE 11/2013

FILED  
12 DEC 14 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER.

EFFECTIVE DATE 1/1/2013

TO: Registration Section  
Division of Corporations

SUBJECT: GIOVANNI FELICIANI, LLC  
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:

**FILED**  
12 DEC 14 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

GIOVANNI FELICIANI  
Contact Person

GIOVANNI FELICIANI, LLC  
Firm/Company

1059 GLENDALE LN  
Address

CLERMONT FL 34711  
City, State and Zip Code

GIOVANNIFELICIANI@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GIOVANNI FELICIANI at ( 352 ) 4329011  
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:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Certificate of Conversion**

For

**"Other Business Entity"**

Into

**Florida Profit Corporation**

EFFECTIVE DATE 11/1/2013

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:

GIOVANNI FELICIANI, LLC L10000164984  
Enter Name of Other Business Entity

2. The "Other Business 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 11-04-2010  
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:

\_\_\_\_\_

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

GIOVANNI FELICIANI, INC  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 01/01/2013.  
(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.

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12 DEC 14 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 7 day of December, 2012.

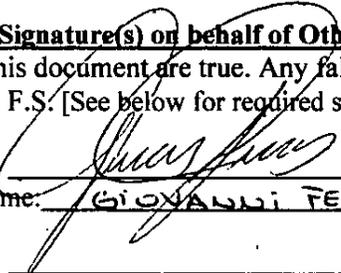
**Required Signature for Florida Profit Corporation:**

Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: /s/ GIOVANNI FELICIANI

Printed Name: Giovanni Feliciani Title: President

**Required Signature(s) on behalf of Other Business Entity:** Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature:   
Printed Name: GIOVANNI FELICIANI Title: MSR

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**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)  
(Effective 1/1/2013)

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TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: GIOVANNI FELICIANI, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1059 GLENRAVEN LN  
CLERMONT FL 34711

Mailing address, if different  
1059 GLENRAVEN  
CLERMONT FL 34711

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

EFFECTIVE DATE 1/1/2013

**ARTICLE IV SHARES**

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: GIOVANNI FELICIANI - (P) Name and Title: \_\_\_\_\_  
Address: 1059 GLENRAVEN LN Address: \_\_\_\_\_  
CLERMONT FL 34711  
(President)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Giovanni Feliciani  
Address: 1059 Glenraven Lane  
Clermont, FL 34711

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Giovanni Feliciani  
Address: 1059 Glenraven Lane  
Clermont, FL 34711

*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*

[Signature]  
Required Signature/Registered Agent

12/7/12  
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.*

[Signature]  
Required Signature/Incorporator

12/7/12  
Date