P1300006635

(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

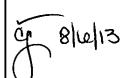


600249603576

DEPARTMENT OF STATE

13 AUG -6 AM11: 45

SECRETÁRY OF STATE DIVISION OF CORPORATIONS



FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

8/6/13

NAME:

MFONA LLC

TYPE OF FILING: CONVERSION

COST:

105.00

RETURN:

PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

TICEO SECRETARY OF STATE DIVISION OF CORPORATIONS

13 AUG -6 AMII: 45

Cortificate 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" innre of Conversion is:	ediately prior to the filing of this Certificate
MFONA LLC	F13000013908
Enter Name of Other	
2. The "Other Business Entity" is a LLC	
(Enter entity type. Example: limited li general partnership, common	
first organized, formed or incorporated under the	Invest FLORIDA
(Enter state, or if a non-U.S. en	
on_05/17/2013	
Easter date "Other Business Entity" was f	irsi organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entit the laws of which it is now organized, formed or FLORIDA	
4. The name of the Florida Profit Corporation as Incorporation:	set forth in the attached Articles of
MFONA INCORPORATED	
Enter Name of Florida	Profit Corporation
5. If not effective on the date of filing, enter the c (The affective date: i) cannot be prior to nor r document is filed by the Florida Department o effective date listed in the attached Articles of i therein.)	nore than 90 days after the date this f State; <u>AND</u> 2) must be the same as the

Signed	this 30	day of	JULY	, 20 /3		
Required Signature for Florida Profit Corporation:						
Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: MARIE MINTA Title: DIRECTOR						
Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]						
Signatu Printed	ire: Name: MAREK	MINTA /	mitte	Title: DIRECTOR	-	
Signatu Printed	re: Name:			Title:	<u></u>	
Signatu Printed	re: Name:			_ Title:	_ _	
Signatu Printed	re: Name:			Title:	<u>-</u>	
Signatu Printed	re: Name:			_ Title:	<u>-</u> -	
Signatu Printed	nc: Name:			Title:	- ~	
1f 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.						
<u>All oth</u> Signatu	ers: are of an autho	rized person	ı .		VISION .	
	Certificate of Fees for Flor Certified Cor Certificate of	ida Articles by:	of Incorporation:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	TARY OF STATE CORPORATIONS	
			Page 2 of	'?	<i>U</i>)	

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ame of the corpor	ME MFONA INCORP	Olocuro	-13-AUG6
	INCIPAL OFFICE Principal street eddress DE DRIVE	Mailing add	ress, if different is:
	E BEACH, FL 32951	MELBOURNE	BEACH, FL 3295
CLE III PUI urpose for which	POSE The corporation is organized is: any and	l all lawful busine	ess.
Automore in the second			
Bankar eta Alektria kun un unteksien u	Construction of the second of	. Agent agents on agricultural constraints or the first	marke a estate security of the control of the contr
CLE IV SH imber of shares o	ARRS fetock in: 1,000		/m.s. up. 1 - up. 1
CLE V IN	TIAL OFFICERS AND/OR DIRECTOR Marek Minta/Director 403 RIVERSIDE DRIVE	S Name and Title: Address:	
mber of shares of CLE V INI	rttock ht: 1,000 TIAL OFFICERS AND/OR DIRECTOR G. Marek Minta/Director	Name and Title:	
mber of shares of CLIS V INT Name and Titt Address	TIAL OFFICERS AND/OR DIRECTOR Marek Minta/Director 403 RIVERSIDE DRIVE MELBOURNE BEACH	Name and Title:	
mber of shares of CLIS V INT Name and Titt Address	TIAL OFFICERS AND/OR DIRECTOR Marek Minta/Director 403 RIVERSIDE DRIVE MELBOURNE BEACH FL. 32951	Name and Title:	
More of shares of CLEC V INT Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR Marek Minta/Director 403 RIVERSIDE DRIVE MELBOURNE BEACH FL. 32951	Name and Title: Address: Name and Title: Address:	
More of shares of CLEC V INT Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR Marek Minta/Director 403 RIVERSIDE DRIVE MELBOURNE BEACH FL 32951	Name and Title: Name and Title:	

Name and	d Titlo:	Name and Title:
Address		Address:
ARTICLE VI	<u>REGISTERED AGENT</u> orlda street address (P.O. Box NOT acceptable) of	the registered opent is.
Name:	Marek Minta	
Address:	403 RIVERSIDE DRIVE	
	MELBOURNE BEACH, FL 32951	
ARTICLE VII	INCORPORATOR	
The name and ad	drass of the incorporator is:	
Name:	Marek Minta	
Address:	403 RIVERSIDE DRIVE	
	MELBOURNE BEACH, FL 32951	
Having been nam this certificate, I o	ned as registered agains to accept service of process in familiar with and accept the appointment as regional familiary Regulated Signature/Registered Again	- · · · · · · · · · · · · · · · · · · ·
	Required Signature/Registered Agend	Date
I submit this docu document to the L	ment and affirm that the facts stated hereix are to epartment of State constitutes a tisted degree felony	rue. I can aware that the false information submitted in a one provided for in 2817.133, F.S.
***	Moul Junt Required Signature Incorporator	7/30/2013
1	kednuka sikuama ancorborato.	Date

SECRETARY OF STATE OF CORPORATIONS