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COVER LETTER

TO: Charter Section

Tallahassee, FL 32301

Division of Corporations

SUBJECT:	DAI	3 Manage Name of Resolution	Mev+	G(O) it Corporation	ρ.	Inc.
		e of Conversion, Arness Entity" into a "		-		
Please return all	l corresp	ondence concerning	g this matter	· to:		
Be	· B	Contact Person				
Law Office	ef ef	Benjamin S., Firm/Company	Brause	r, R.A		
4400	Bisco	Address Blub.	Svite	850		
Mi	an)	State and Zip Code	313	7		
		Mo l'n Conused for future annual re	_			
For further info	rmation	concerning this mat	tter, please c	all:		
Ben Name o	Ba of Contac	WS-V I Person	at (<u>305</u> Area Coo	de and Daytin	76 – ne Telepho	9260 one Number
Enclosed is a ch	eck for	the following amou	nt:			
\$105.00 Filing	a	J \$113.75 Filing Fees and Certificate of tatus	□\$113.75 F and Certified	_	Certified	0 Filing Fees, Copy, and e of Status
STREET ADD Charter Section Division of Cor Clifton Building 2661 Executive	poratior		Ch Div P. (AILING All arter Section vision of Co O. Box 632 llahassee, F	n orporatio 7	ns

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: DAB Manage ment Group L C Enter Name of Other Business Entity	49
2. The "Other Business Entity" is a	
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>	
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.)

Signed this 12 day of December	, 20 13			
Required Signature for Florida Profit Corporat	ion:			
Signature of Chairman, Vice Chairman, Director Cobeen selected, an Incorporator: Printed Name:	Officer, or, if Directors or Officers	have no	ot	
Required Signature(s) on behalf of Other Business signature(s).]				
Signature: Printed Name: Ponic Bravie	Title: Marage			
Signature:Printed Name:				
Signature:Printed Name:	_ Title:			
Signature:Printed Name:	_ Title:			
Signature:Printed Name:	_ Title:			
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 ALL General Partners.	-	SECRETARY (ALLAHASSEE	13 DEC 19 F	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative		FLORIDA FLORIDA	PH 4: 11	
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)

ARTICLE I NAME The name of the corporation shall be:	Management	Group, Inc.
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
4400 Bis Cape Bloo. Suite 89	50	Mailing address, if different is:
Miani, FC 33137		
ARTICLE III PURPOSE	<u></u>	
The purpose for which the corporation is organized is: Any (w)ful purpose		
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR D.	IRECTORS	FLO :
Name and Title: Daiel Brauser / President + Direct	Name and Title:	
Address: 44co Biscapa Blud, Suite 8 Miani, FC 33137	50 Address:	EC 19
Name and Title:	Name and Title:	FF S
Address:	Address:	IATE A
Name and Title:	Name and Title:	
Address:	Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT ac	 ceptable) of the register	ed agent is:
Name: Daniel Brause		
Address: 4400 Biscaye Blody S	Trite 850	
Miani, FC 33137		

<u>ARTICLE</u>	S VII INCORPORATOR		
The name:	and address of the Incorporator is:		
Name:	David Brause		
Address:	4400 Biscape F	Aud., Sinte 850 3137	
	Miani, FC 3	3137	
	ŕ		
			the above stated corporation at the place as registered agent and agree to act in this
	Required signature/Registered Ag	gent	12/12/13 Date
	his document apd affirm that the	facts stated herein are true.	I am aware that any false information to the felony as provided for in s.817.155, F.S.
	Required Signature/Incorporator		12 12 13
	redamenta francis incorborator		i zaiç

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SECRETARY OF STATE