P14000003097

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

Office Use Only



300253539023

12/18/13--01012--010 **105.00

SECNETARY OF STATE

W13-69469

COVER LETTER

TO: **Charter Section**

Division of Corporations

SUBJECT: GO WIRELESS FOR ALL CORP.

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:

MARTTI KALKAS	
Contact Person	
KALKAS BUSINESS SERVICES	
Firm/Company	
245 SE 1ST ST STE 225	
Address	
MIAMI, FL 33131	
City, State and Zip Code	

MJKALKAS@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

and Certificate of

Status

MARTTI KA	LKAS	$_{at}(305)5$	77-9716
Name of Contact Person		Area Code and Daytime Telephone Number	
Enclosed is a check	for the following amou	ant:	
\$105.00 Filing Fees	□\$113.75 Filing Fees	□\$113.75 Filing Fees	□\$122.50 Filing Fees,

and Certified Copy

STREET ADDRESS:

Charter Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

Certified Copy, and

Certificate of Status

Charter Section **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 20, 2013

MARTTI KALKAS 245 SE 1ST ST SUITE 225 MIAMI, FL 33131

SUBJECT: GO WIRELESS FOR ALL CORP.

Ref. Number: W13000069469

We have received your document for GO WIRELESS FOR ALL CORP. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 213A00028946

www.sunbiz.org

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.

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:	
GO WIRELESS FOR ALL LLC LJ3 DOOG 946	
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)	
(Enter state, or if a non-U.S. entity, the name of the country)	
on 05/13/2013	
Enter date "Other Business Entity" was first organized, formed or incorporated	
	PA DEC 19
Incorporation:	8M 9: 2
GO WIRELESS FOR ALL CORP.	3
Enter Name of Florida Profit Corporation	
5. If not effective on the date of filing, enter the effective date: 01/01/2014 (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.)	l

Signed this 5TH day of DECEMBER	, 20 <u>13</u> .
Required Signature for Florida Profit Corporati	ion:
Signature of Chairman, Vice Chairman, Director, been selected, an Incorporator: Printed Name: MARTTIKALKAS Title:	Afficer or, if Directors or Officers have not INCORPORATOR
Required Signature(s) on behalf of Other Business	Entity: [See below for required
signature(s).] Signature: Muth Z	
Signature: MARTTI KALKAS	TI'd a will open a special way of the special
Printed Name: MARTH KALKAS	Ittle: AUTHORIZED REPRESENTATIVE OF LUAYY ABUGARE
Signature:	
Printed Name:	Title:
Signatura	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
rrinted Name:	
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	v Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	1 27
All others: Signature of an authorized person.	AM 9: 20 OF STATE OF CORIDA
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)

	ESS FOR ALL CORF)_
The name of the corporation shall be: GO WIRELE	2001 0117122 00111	·
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
Principal street address	Mailing ac	ddress, if different is:
2800 NW 72ND AVE		
MIAMI, FL 33122		
		
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:		
ANY AND ALL LEGAL BUSINESS	S	
		
ARTICLE IV SHARES 4000 OLLA DE	2 05 004404 070	2014
ARTICLE IV SHARES The number of shares of stock is: 1000 SHARES	S OF COMMON STC	OCK
ADMICI D. V	THE COORD	
ARTICLE V INITIAL OFFICERS AND/OR D		
Name and Title: LYAYY Y ABUQARE, PRESIDENT	Name and Title:	
Address: 2800 NW 72ND AVE	Address:	As #
MIAMI, FL 33122		
1017 (1011, 1 2 00 122		
Name and Title:		<u> </u>
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Address: Name and Title:	Address:	C 19 AH 9: 2 ETARY OF STAI HASSEE FLORI
Address: Name and Title:	Address:	C 19 AM 9: 2 ETARY OF STAI HASSEE FLORI
Address: Name and Title: Address: ARTICLE VI REGISTERED AGENT	Address: Name and Title: Address:	C 19 AM 9: 20 ETARY OF STATE HASSEE FLORIDA
Address: Name and Title: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT ac	Address: Name and Title: Address:	ETARY OF STATE HASSEE FLORIDA
Address: Name and Title: Address:	Address: Name and Title: Address:	C 19 AH 9: 20 HASSEE FLORIDA
Address: Name and Title: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT ac	Address: Name and Title: Address:	ETAKY OF STATE HASSEE FLORIDA

The name	E <u>VII INCORPORATOR</u> and address of the Incorporator is:	
Name:	MARTTI KALKAS	
Address:	245 SE 1ST ST STE 225	
	MIAMI, FL 33131	

	Required/Signature/Registered Agent	Date
	his document and affirm that the facts stated herein a	
	in a document to the Department of State constitutes a thir	d degree felony as provided for in s.817.155, F.S. 12/05/2013

Article VIII Effective date

The effective date of this filing sshall be 01/01/2014

NO DEC 19 AM 9: 20
SECRETARY OF STATE