## PHMM04593

(Requestor's Name)		
(Address)		
(Ad	ldress)	
(Cil	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		



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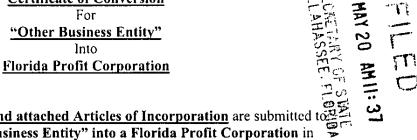
## **COVER LETTER**

TO:

Charter Section

Division of Corpora	itions			
SUBJECT: NIGO	Ogcimo Inc Name of Resulting Florida Profit Corporati			
,	№ame of Resulting Florida Profit Corporati	on		
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:				
Nayade Bra	act Person			
Wigogamo, In	/Company			
881 Berchell Fe	Dr, Apr Looo			
Mani, FL 33	3131 te and Zip Code			
Nayitabravo @ Mail com E-mail address: (to be used for futble annual report notification)				
For further information con-	cerning this matter, please call:			
Name of Contact Pers	son at (954) S	time Telephone Number		
Enclosed is a check for the following amount:				
\$105.00 Filing Fees and Constants	ertificate of and Certified Copy			
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	New Filings Division of P. O. Box 63	Corporations 327		

## **Certificate of Conversion** For "Other Business Entity" Into



This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in 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:

or conversion is.
Nigogamu, LLC LIDDOOD7854 Enter Name of Other Business Entity
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 Hoeida, VSA  (Enter state, or if a non-U.S. entity, the name of the country)
on 07/27/2010
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 <u>attached Articles of Incorporation:</u> Nigoga no Too
Wigogamo Inc 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; <u>AND</u> 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 14 day of	May			
Requi	red Signature for Flori	da Profit Corporat	ion:		
Signat been se Printee	ure of Chairman, Vice Celected, an Incorporator:  Name:	Chairman, Director S Braw Titles	Officer, or, if Directors or Officers  Chair man	have n	ot 
			Entity: [See below for required		14 MAY 20
signatu		in or other business	Entity. 15ec below for required	壬二	A
Signati	ire: Notes	)	Title: Owel	ARY (	20 1
Printed	Name: Nayock B	caw	_ Title: Owel		
Signati	ıre:			07	) AM II: 37
Printed	Name:		Title:	<u> </u>	~
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Printed	Name:		Title:		
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Printed	Name:		_ Title:		
If Flor	ida General Partnershij	o or Limited Liabilit			
Signati	ire of one General Partne	r.			
	ida Limited Partnership ures of <u>ALL</u> General Part		y Limited Partnership:		
	ida Limited Liability Course of a Member or Author				
<u>All oth</u> Signati	i <mark>ers:</mark> ure of an authorized perso	on.			
Fees:	Certificate of Conversion Fees for Florida Article Certified Copy: Certificate of Status:		\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)		

ARTICLES OF IN In compliance with Chapter 607 a	- P <sup>2</sup>
ARTICLE I NAME The name of the corporation shall be: Wigogun	NO, Inc
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	To 3
Principal street address	Mailing address, if differential
888 Brickell Key Dr. Apt 1000	<del></del>
Miami, FL 3313)	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
All lawful purposes /consult	ting
	<i>a</i>
ARTICLE IV SHARES The number of shares of stock is: 1000	
	ECTORS
The number of shares of stock is:	
The number of shares of stock is: 1000	
The number of shares of stock is:	
The number of shares of stock is: 1000  ARTICLE V INITIAL OFFICERS AND/OR DIRI  Name and Title: Notode Braw Ichairman  Address: 888 Beach   Legan Apr 1000	
The number of shares of stock is: 1000  ARTICLE V INITIAL OFFICERS AND/OR DIRI  Name and Title: Nayode Braw / Chairman  Address: 888 Berchill beg D. Apt 1000  Than, Fl 33131	Name and Title:Address:
The number of shares of stock is: 1000  ARTICLE V INITIAL OFFICERS AND/OR DIRI  Name and Title: Not pode Braw / Chairman  Address: 888 Brickell key D. Apr 1000  Tham: FL 33 131  Name and Title:	Name and Title:  Address:  Name and Title:
The number of shares of stock is:	Name and Title:  Address:  Name and Title:
The number of shares of stock is: 1000  ARTICLE V INITIAL OFFICERS AND/OR DIRI  Name and Title: Not pode Beaus / Checimen  Address: 888 Brickell key D. Apr 1000  Ticomi, FL 33131  Name and Title:  Address:	Name and Title:  Address:  Name and Title:  Address:
The number of shares of stock is:	Name and Title:  Address:  Name and Title:  Address:
The number of shares of stock is:	Name and Title:  Address:  Name and Title:  Address:  Name and Title:  Address:
The number of shares of stock is:	Name and Title:  Address:  Name and Title:  Address:  Name and Title:  Address:

ARTICLE VII INCORPORATOR The name and address of the Incorporator is:  Name: Wych Braw	14 MAY 20 I
Address: 888 Berckell key Dr Aprious Mari, FL 3313)	FFLORIE 37
**********************	*******
Having been named as registered agent to accept service of process for designated in this certificate, I am familiar with and accept the appointment capacity	
Required Signature/Registered Agent	5/14/14 Date
I submit this document and affirm that the facts stated herein are true submitted in a document to the Department of State constitutes a third degr	
Noble	5114/14
Required Signature/Incorporator	Date