(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
· (Bus	iness Entity Nam	re)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



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#### **COVER LETTER**

Division of C			
	JSA, INC.		
SUBJECT:	Name of Resultir	ng Florida Profit Corporat	ion
The analoged Contif			
			n, and fees are submitted to ration" in accordance with s.
Please return all corr	espondence concernin	g this matter to:	
Peter Savineau		•	
	Contact Person	<del></del>	
MCR Partners, In	ıc.		
	Firm/Company		
20533 Biscayne	Blvd (1301)		
	Address		
Miami, FL 33180			
	City, State and Zip Code		
mcrpartners@yal	hoo.com		
E-mail address: (to	be used for future annual r	eport notification)	
For further informati	on concerning this ma	tter, please call:	
Peter Savineau		305 72	5-7405
Name of Cor	ntact Person		rtime Telephone Number
Enclosed is a check to	for the following amou	int:	
<b>☑</b> \$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 ADDRES	<u>S:</u>		ADDRESS:
New Filings Section Division of Corporat	ions	New Filings Division of	Section Corporations
Clifton Building		P. O. Box 6	-
2661 Executive Cent	ter Circle	Tallahassee	. FL 32314

Tallahassee, FL 32301

## $\frac{\textbf{Certificate of Conversion}}{For}$

### "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.
<u> </u>
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
MCF USA, LLC
<u>L11000125944</u> .
Enter Name of Other Business Entity
limited liability company
2. The "Other Business Entity" is a
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)
FLORIDA
first organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
11/04/2011
on
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:  n/a
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> MCF USA, 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.)

	this 23rd	day of _	October	·			20_14		
Requir	red Signatur	e for Flori	da Profit C	ornorati	on•				
ixcquii	eu Signatui	C IOI FIOII	ua i ioiii C	oi poi ati	<u> </u>				
Signati	are of Chairm	nan, Vice C	hairman, Di	irector, O	fficer, o	or, if Direc	ctors or C	Officers have	*
Printed	elected, an In Name: CHI	RISTIAN F	AURE	Title:	Directi	or		· 2条	qc1,
Requir	red Signature	e(s) on beha	alf of Other	Business	Entity:	[See belo	ow for rec	quired (5)	3-
signatu	re(s).]							7.C.	)H 2
Signatu	ıre:	Fam							<u>.</u>
Printed	nre: CHI	RISTIANT	AURE		_ Title: _	Membe	r	5	-
Signatu	ire: Name:	<del></del>	·····		mt.i				
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	ida Limited I ires of <u>ALL</u> (			l Liabilit	y Limite	ed Partne	rship:		
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All oth Signatu	ers: are of an autho	orized perso	on.						
Fees:	Certificate o Fees for Flor Certified Co Certificate o	rida Article py:		oration:					

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

ARTICLE I	I PRINCIPAL OFFICE	المستقدم المواجعة المستقدم المواجعة المستقدم المواجعة المستقدم المستقدم المستقدم المستقدم المستقدم المستقدم الم
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420 LINC	OLN RD (#N8)	د Mailing address, if different is
MIAMI BE	ACH, FL 33139	P A
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The purpose	for which the corporation is organized is: I all lawful business'	
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ARTICLE	V INITIAL OFFICERS AND/OR D	DIRECTORS
	CHRISTIAN FAURE, D/P	
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Name and Ti	CHRISTIAN FAURE, D/P	Name and Title:
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Name and Tir Address:  Name and Tir Address:  Name and Tir Address:	CHRISTIAN FAURE, D/P tle: 420 LINCOLN RD (#N8)  MIAMI BEACH, FL 33139  tle:  tle:  REGISTERED AGENT d Florida street address (P.O. Box NOT account)	Name and Title:  Address:  Name and Title:  Address:  Name and Title:  Address:

i ne <u>name a</u>	CONTROL OF STREET STREE	
Managa	ÇHRISŢIAN FAURE	
Name:	420 LINCOLN RD (#N8)	
Address:	420 LINOOLIN (110 (#110)	
	MIAMI BEACH, FL 33139	
		<u>်</u>
*****	*******	
	en named as registered agent to accept service of proc	
	en named as registered agent to accept service of proc in this certificate, I am familiar with and accept the appo	
designated t		
designated t		ointment as registered agent and agree to act in this
designated (capacity	Required Signature/Registered Agent  ais document and affirm that the facts stated herein a	10/23/2014  Date  The true. I am aware that any false information
designated (capacity	in this certificate, I am familiar with and accept the apport	10/23/2014  Date  The true. I am aware that any false information