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(Requestor's	Name)
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(City/State/Zi	p/Phone #)
PICK-UP W	AIT MAIL
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Special Instructions to Filing Office	per:

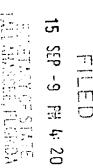
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COVER LETTER

10.	Division of Cor	rporations			4₹		
SUBJ	ECT: MONTA C	COMMUNICATIONS INC	2				6
		Name of	Resulting Florida P	rofit (Corporation	•	
		e of Conversion, Articles Profit Corporation" in ac			es are submitted to conve 5, F.S.	ert an "Oth	er Business
Please	return all corresp	oondence concerning this	s matter to:				
MON	ITASER JARADA	ΛT					
	 	Contact Person					
MON	ITA COMMUNIC	ATIONS					
		Firm/Company					
900 BI	ELVEDERE RD	SUITE 5					
		Address					
WEST	PALM BEACH, I	FL 33405					
		City, State and Zip Code	e				
JOE.	ALLIANCEFINAI	NCIAL@GMAIL.COM					
I	E-mail address: (t	o be used for future annu	ual report notification	on)			
For fu	rther information	concerning this matter,	please call:				
JOE	FASCIGLIONE		at (561	939-48	398		
_	Name of Co	ontact Person	_ \	le and	Daytime Telephone Nur	nber	
Enclos	sed is a check for	the following amount:					
= \$ 10	5.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	☐\$113.75 Filing land Certified Cop		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status		
New F Division Cliftor 2661 F	ET ADDRESS: Filings Section on of Corporation a Building Executive Center assee, FL 32301		N D P	lew Fi Iivisio . O. B	ilings Section on of Corporations ox 6327 assee, FL 32314		FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 20, 2015

MONTASER JARADAT 900 BELVEDERE ROAD SUITE 5 WEST PALM BEACH, FL 33405

SUBJECT: MONTA COMMUNICATIONS INC

Ref. Number: W15000055801

We have received your document for MONTA COMMUNICATIONS INC 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 document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

Please return the corrected original and one copy of 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 715A00017631

ATTACHED ARE CORRECTED DOCUMENTS

FILED

15 SEP -9 PM 4: 20

16 SEP -9 PM 4: 20

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

FILED

15 SEP -9 PH 4: 20

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Othek Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
IONTA COMMUNICATIONS LLC
Enter Name of Other Business Entity L0000070783
The "Other Business Entity" is a
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
rst organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)
07/06/2010
Enter date "Other Business Entity" was first organized, formed or incorporated
If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now ganized, formed or incorporated:
The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
IONTA COMMUNICATIONS INC
Enter Name of Florida Profit Corporation
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 epartment of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, an effective date is listed therein.)
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be sted as the document's effective date on the Department of State's records.

Signed this 7th day of AUGUST	20 6	
Required Signature for Florida Profit Corporatio	<u>n:</u>	
Signature of Chairman, Vice Chairman, Pircetor, Off Incorporator: Montaser Jarada Title: OWN	ficer, or, if Directors or Officers have not b	een selected, an
Required Signature(s) on behalf of Other Business	s Entity: [See below for required signature	e(s).]
Signature: Months The		_
Printed Name: MONTASER JARAD T	Title: OWNER PRESIDENT	_
Signature: Surv Cladi V		_
Printed Name: SUJEILY CLAUDIO	Title: CO-TRUSTEE	
Signature:	<u> </u>	
Printed Name:	Title:	
Signature:		_ _
Printed Name:	Title:	. <u> </u>
Signature:		_
Printed Name:	Title:	
Signature:		_
Printed Name:	Title:	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative		23.4 57
All others:		1 m <u>a.</u> 4
Signature of an authorized person.		SF T
Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	ED 9 PH 4: 20 TOP STATE EE FLORID

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

ARTICLE I	NAME MONTA COMMUN	ICATIONS INC	FILED
The name of t	he corporation shall be:		15 SEP -9 PH 4: 20
ARTICLE I			SPONETARY OF STATE TALLARASCEE, FLORIDA
The principal	place of business/mailing address is:		TALLARASCEE, FLORIDA
	Principal street address	Mailing address, i	f different is:
900 BELVEDI	ER RD SUITE 5		
WEST PALM	BEACH, FL 33405		
	II PURPOSE for which the corporation is organized is:		
ANY AND AI	LL LAWFUL BUSINESS		
			
•			
ARTICLE I	V SHARES f shares of stock is:		
			<u> </u>
	MONTA SER LABA DATE OFFICERS AND/OR DI		
Name and Ti	tle: MONTASER JARADAT, OWNER PRES	മട്ട് Name and Title:	
Address:	5828 58TH WAY	4 ()	
	WEST PALM BEACH, FL 33409		
Name and Tit	SUJEILY CLAUDIO, SECRETARY	Name and Title:	
Address:	5828 58TH WAY	A 11	
	WEST PALM BEACH, FL 33409		
Name and Tit	le:	- · · · · · · · · · · · · · · · · · · ·	
Address:		Address:	

ARTICL	E VI REGISTERED AGENT	
	e and Florida street address (P.O. Box N	T acceptable) of the registered agent is:
Name:	MONTASER JARADAT	_
Address:	900 BELVEDER RD SUITE 5	_
	WEST PALM BEACH, FL 33405	_
ARTICL		
The <u>name</u>	e and address of the Incorporator is:	
Name:	MONTASER JARADAT	
Address:	900 BELVEDERE RD SUITE 5	
	WEST PALM BEACH, FL 33405	
*****	*********	*******
		rvice of process for the above stated corporation at the place designated in pointment as registered agent and agree to act in this capacity
inis ceriiji	icuie, i um jumutar wun and accept the ap	oiniment as registered agent and agree to act in this capacity
	Monky XH2	8/10/15
	Required Signature/Registered Agent	Date
		ted herein are true. I am aware that any false information submitted in a ird degree felony as provided for in s.817.155, F.S.
	MonxXX	8/10/15
	Required Signature/Incorporator	Date

FILED

15 SEP -9 PH 4: 20

SEGNETARY OF STATE PALLAUSCEE, FLOSIDA