(Requestor's Name)				
(Address)				
(Ac	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
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## FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

9/29/15

NAME:

LIMECOM LLC

TYPE OF FILING: CONVERSION

COST:

105.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION:** 

## 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:
LIMECOM LLC LIA-185515
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
450
on 11/21/2014
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:
FLORIDA \approx
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
LIMECOM 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 28 day of SEPTEMBER	, 20,15		
Required Signature for Florida Profit Corporation	<del>DN</del> :		
Signature of Chairman, Vice Chairman, Director, Obeen selected, an Incorporator:  Printed Name: Glulia lacobelli-Milano Titte:	<del></del>	e not	
been selected, an Incorporator:		•	
Printed Name: Glulia lacobelli-Milano	INCORPORATOR	-	
Required Signature(s) of Denalf of Other Business signature(s).]	Entity: [See below for required		
Signature (V)		_	
Printed Name: Giulla lacobelli-Milano	Title: INCORPORATOR	-	
Signature:		_	
Signature:	Title:	-	
Signature:			
Signature:	Title:	_	
Signature:		_	•
Signature:	Title:	-	
Signature:Printed Name:	Title:	-	
Signature:			
Signature: Printed Name:	Title:	_	
If Florida General Partnership or Limited Liabilit	v Partnership:		
Signature of one General Partner.			
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:		
Signatures of ALL General Partners.		ध	<u>S</u> G
If Florida Limited Liability Company: Signature of a Member or Authorized Representative		SEP 29	
All others: Signature of an authorized person.		H	CORPS
Fees:		င္ပာ င်း	
	\$35.00	30	37
Fees for Florida Articles of Incorporation:			<u> </u>
Certified Copy:	\$8.75 (Optional)		•
Certificate of Status:	\$8.75 (Optional)		

Page 2 of 2

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

	INCIPAL OFFICE Principal street address CAYNE BAY BLVD 28TH FL	Mailing address, if di	
MIAMI, FL 33	3131	MIAMI, FL 33131	
ARTICLE III PUT The purpose for which which corpora	RPOSE the corporation is organized is: to enga	age in any lawful act or	activity for
			15 SE
			2
ARTICLE IV SE		 RS	9 PH 3: 30
ARTICLE V IN	IARES 1,000  ITIAL OFFICERS AND/OR DIRECTO tile: TADDEO ORLANDO/DIRECTO!  C/O ITALIAN CPA MIAMI FIRI	R Name and Title:	PH 3: 30
ARTICLE V IN	ITIAL OFFICERS AND/OR DIRECTO		PH 3: 30
ARTICLE V IN Name and Ti	TTIAL OFFICERS AND/OR DIRECTO: tle: TADDEO ORLANDO/DIRECTO! C/O ITALIAN CPA MIAMI FIRE 201 SOUTH BISCAYNE BAY BLVD 28TH F	Name and Title:  Address:  Name and Title:	PH 3: 30
ARTICLE V IN Name and Ti Address Name and Ti	TTIAL OFFICERS AND/OR DIRECTOR tile: TADDEO ORLANDO/DIRECTOR C/O ITALIAN CPA MIAMI FIRI 201 SOUTH BISCAYNE BAY BLVD 28TH F MIAMI, FL 33131	Name and Title:  Address:  Name and Title:	PH 3: 30

Name an	d Title;	Name and Title:
Address		Address:
ARTICLE VI The name and FI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	BLUMBERGEXCELSIOR CORPORATE SERVICES, NC.	•
Address:	155 OFFICE PLAZA DRIVE 1ST FLOOR	. <del> </del>
	TALLAHASSEE, FL 32301	SEP
ARTICLE VII	INCORPORATOR	P 29 PM
i ne <u>name and ne</u>	ddress of the Incorporator is:	<u> </u>
Name:	GIULIA IACOBELLI-MILANO	ညှှ ်မှု
Address:	201 SOUTH BISCAYNE BAY BLVD 28TH FL	·
	MIAMI, FL 33131	
Having been na		s for the above stated corporation at the place designated
<del></del>	Required Significative Registered Agent	Date
l submit this di	unen and affirm that the facts stated herein are	true. I am aware that the false information submitted in a
document to the	Department of State constitutes a third degree felon	y as provided for in \$.817.155, F.S.
		9-28-15
- 1 <b>11</b>	Required Signature/Incorporator	Date
1//		