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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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DEPARTMENT OF STATE

DEC 0 7 2015 T SCHROEDER



1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994

Email: filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

(CORPORATE NAME	((DOCUMENT #)		
2. (CORPORATE NAME) (
3. (CORPORATE NAME)	((DOCUMENT #)		
	_			
☐ Walk-In	Pick up time: Certified Cop	y Certificate Of Status		
□ Walk-In		y Certificate Of Status Other Filings		
	Pick up time:Certified Cop Amendments Amendments			
New Filings (18	Amendments (Other Filings		
New Filings Profit	Amendments Amendments	Other Filings Annual Report		
New Filings Profit Non-Profit	Amendments Amendments Resignation	Annual Report Fictitious Name		

Examiners Initials

For <u>"Other Business Entity"</u> 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:
XC CORPORATION F98-328
Enter Name of Other Business Entity
2. The "Other Business Entity" is a CORPORATION
(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
first organized, formed or incorporated under the laws of
09/04/1975 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:
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
XC CORPORATION
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 Florid 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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.

Page 1 of 2

→				
Signed thisday ofNOVEMBER	, 20 ¹⁵			
Required Signature for Florida Profit Corporation:	<u>.</u>			
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Printed Name: THOMAS KELLEY Title: PDC	er, or, if Directors or Officers have not bee	en selected	i, an	
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(s	s).]		
Signature: Thomas W. Kelly A				
Printed Name: THOMAS KELLEY	Title: PDC	_		
Signature: Lobert Gallo				
Printed Name: ROBERT M. GALLO	Title: VP	_		
Signature:		_		
Printed Name:		-		
Signature:		_		
Printed Name:	Title:	-		
Signature:				
Printed Name:	Title:	-		
Signature:				
Printed Name:	Title:	-		
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:			
If Florida Limited Partnership or Limited Liability	Limited Partnership:	20	Ö	
Signatures of <u>ALL</u> General Partners.) En	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	•		7	368
All others: Signature of an authorized person.		SIATE	PM 12: 34	New 7
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)			

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

The name of the corpora	XC CORPORATION tion shall be:		
ARTICLE II PRINC		Mailing addre	ess, if different is:
5835 BLUE LAGOON	DR SUITE 102		
MIAMI, FL 33126			
ARTICLE III PURPO The purpose for which t	OSE the corporation is organized is: ANY AND	ALL LAWFULL BUSINESS	
			8/3 5 150 BEC
	ES SHARES: 100 stock is: AL OFFICERS AND/OR DIRECTORS		7-7 PH I2: 34
Name and Title	THOMAS KELLY (P/D/C)	Name and Title:	
Address	5835 BLUE LAGOON DR SUITE 102	-	
	MIAMI, FL 33126		
Name and Title	ROBERT M. GALLO (V/P)	Name and Title:	
Address	5835 BLUE LAGOON DR SUITE 102	Address:	
	MIAMI, FL 33126		
Name and Title		None and Tisla.	
Address			

Name	and Title:	Name and Title:			
Addre	ess .	Address:			 -
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	ale) of the registered agent is:			
Name:	THOMAS KELLEY				
Address:	5835 LAGOON DR SUITE 102	<u>.</u>			
	MIAMI, FL 33126			3	
<u>ARTICLE VII</u>	INCORPORATOR		VANGEL ELOM VANGEL ELOM	DEC -7	
The <u>name and</u>	address of the Incorporator is:		n Fil	35	Ö
Name:	THOMAS KELLEY		33	PH 12: 31	
Address:	5835 LAGOON DR SUITE 102		इਜ਼	ဋ	
	MIAMI, FL 33126				
Effective date, (If an effective days after the Note: If the days	if other than the date of filing: de date is listed, the date must be specific and confiling.) ate inserted in this block does not meet the applicate effective date on the Department of State's reconstruction.	annot be more than five business da table statutory filing requirements, this			
	amed as registered agent to accept service of pr I am familiar with and accept the appointment o				ated in
The	Required Signature/Registered Agent	1	2/4/2015		
<u> </u>	Required Signature/Registered Agent		Dat	e	
	ocument and affirm that the facts stated herein e Department of State constitutes a third degree			submitt	ed in a
21	umas W. Killy J quired Signature/Incorporator		12/4/2015		
Req	uired Signature/Incorporator		Da	ate	