

PI5000097684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000279022950

11/12/15--01003--015 \*\*105.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
15 NOV 12 AM 11:48  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
15 NOV 12 PM 12:23  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DEC 09 2015

T SCHROEDER

Charter Number Only

Medi Law Firm

Medi Law Firm

Requestor's Name

325 Almer Ave

Address

Corral Gables FL 33134

City

State

ZIP

Phone

VALIDATION ONLY

CORPORATION(S) NAME

Testi USA, Inc

# F10000004677

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other Conversion

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier



Empire Toll Free: 1-800-432-3028

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** TESTI USA, INC.

\_\_\_\_\_  
Name of Resulting Florida Profit Corporation

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:

ANGELA PEREZ

\_\_\_\_\_  
Contact Person

THE MEDILAW FIRM — *Law offices of MAX A. ADAMS, ESQ PLLC.*

\_\_\_\_\_  
Firm/Company

325 ALMERIA AVENUE

\_\_\_\_\_  
Address

CORAL GABLES, FLORIDA 33134

\_\_\_\_\_  
City, State and Zip Code

angie@themedilawfirm.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Perez

at ( 305 ) 444-3484

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |
|--|---|---|--|

**STREET ADDRESS:**

New Filings Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filings Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**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.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

TESTI USA, INC.

710-41677

Enter Name of Other Business Entity

2. The "Other Business Entity" is a INC (Foreign)  
(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 DELAWARE

(Enter state, or if a non-U.S. entity, the name of the country)

on AUGUST 4, 2006

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

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

TESTI 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; 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.

FILED  
15 NOV 12 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 1 day of SEPTEMBER, 2015.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: ANNA ZORDAN

Printed Name: ANNA ZORDAN Title: VICE PRESIDENT

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature:  \_\_\_\_\_

Printed Name: ANNA ZORDAN Title: VICE PRESIDENT

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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

**ARTICLE I NAME**

The name of the corporation shall be: TESTI USA INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address

3252 NE 1ST AVENUE

SUITE 203

MIAMI, FLORIDA 33137

Mailing address, if different is:

3252 NE 1ST AVENUE

SUITE 203

MIAMI, FLORIDA 33137

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To transact any + all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ALESSANDRO TESTI, PRESIDENT

Address: 3252 NE 1ST AVENUE, STE. 203

MIAMI, FLORIDA 33137

Name and Title: GIANLUCA GALLI, SECRETARY

Address: 3252 NE 1ST AVENUE, STE 203

MIAMI, FLORIDA 33137

Name and Title: DAVID RAGONIERI, VICE PRESIDENT

Address: 3252 NE 1ST AVENUE, STE. 203

MIAMI, FLORIDA 33137

Name and Title: ANNA ZORDAN, VICE PRESIDENT

Address: 3252 NE 1ST AVENUE, STE. 203

MIAMI, FLORIDA 33137

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 NOV 12 PM 12:26

FILED

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: ANNA ZORDAN  
Address: 3252 NE 1ST AVENUE, STE 203  
MIAMI, FLORIDA 33137

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: THE MEDILAW FIRM  
Address: 325 ALMERIA AVENUE  
CORAL GABLES, FLORIDA 33134

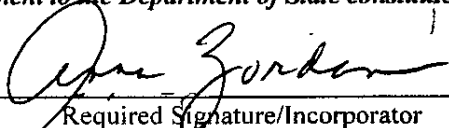
\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

9-1-15  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator

9-1-15  
Date

FILED  
15 NOV 12 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA