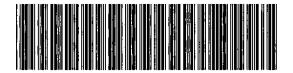
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| (Red | questor's Name) | |
|---------------------------|-------------------|-----------|
| (Add | dress) | |
| (Add | dress) | |
| (City | //State/Zip/Phone | ÷#) |
| PICK-UP | WAIT | MAIL |
| (Bus | siness Entity Nan | ne) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Charter Section Division of Corporations | | | | |
|---|--|--|--|--|
| SUBJECT: Viosanti Collections 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: | | | | |
| Tablo Sontos Contact Person | | | | |
| Firm/Company | | | | |
| 1650 NE 135 +hST #608 | | | | |
| Williami FL 33181 City, State and Zip Code | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: Pable Santos at (786) 762-7984 Name of Contact Person Area Code and Daytime Telephone Number | | | | |
| Enclosed is a check for the following amount: | | | | |
| \$105.00 Filing Fees and Certificate of Status \$\int \frac{1}{3} \frac{113.75}{113.75} \text{ Filing Fees} and Certified Copy Status \$\int \frac{1}{3} \frac{113.75}{113.75} \text{ Filing Fees} Filing Fees and Certified Copy Certified Copy, and 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

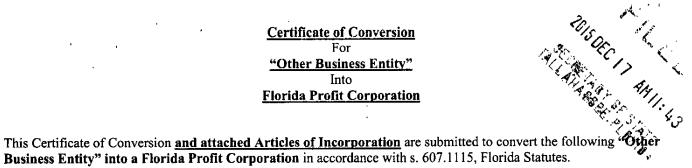
Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation



| 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: |
|--|
| Viocanti Collections LLC |
| Enter Name of Other Business Entity |
| 2. The "Other Business Entity" is a limited liability company, limited partnership, general partnership, common law or business trust, etc.) |
| first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country) |
| 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: |
| 5. If not effective on the date of filing, enter the effective date: 17 12 15. (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 of the effective date is listed therein. |
| 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 this 12 day of 1 ecentral, 20 15. | |
|---|------------------|
| Required Signature for Florida Profit Corporation: | |
| Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not be Incorporator: Pablo Scatos Printed Name: Tablo Santos Title: President | een selected, an |
| Required Signature(s) on behalf of Other Business Entity: [See below for required signature | e(s).] |
| Signature: | _ |
| Printed Name: Pablo Santos Title: President | _ |
| Signature: | |
| Printed Name: Title: | _ |
| Signature: | |
| Printed Name: Title: | |
| Signature: | _ |
| Printed Name: Title: | |
| Signature: | _ |
| Printed Name: Title: | <u></u> |
| 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

| ARTICLE I NAME The name of the corporation shall be: | nti Collections Inc |
|---|--|
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: | , - |
| Principal street address | Mailing address, if different is: |
| 1650 NE 135th ST | Same stille |
| North Mami FL 3316 | |
| The purpose for which the corporation is organized is: | To De to |
| ONline Sales Product | |
| · · · · · · · · · · · · · · · · · · · | |
| | |
| | |
| | |
| ARTICLE IV SHARES The number of shares of stock is: 100 | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRE | |
| | Name and Title: President |
| Address: 1650 NE 1354 ST Ulliami FL 33/10/ | Address: 1650 UE 135445 008 Whiam; FC 33181 |
| Name and Title: | Name and Title: |
| Address: | Address: |
| Name and Title: | Name and Title: |
| Address: | Address: |
| | |

| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: |
|---|
| Name: Pablo Sountos |
| Address: 1650 UE 135th #608 |
| Dliani FL 33161 |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: |
| Name: Pablo Santos |
| Address: 1650 NE 135th #608 |
| 1 Miani FL 33161 |
| |
| 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 |
| 12/12/2015 |
| Required Signature/Registered Agent Date |
| submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a locument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. |
| 12/12/2015 |
| Required Signature/Incorporator Date |