

P1600001585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

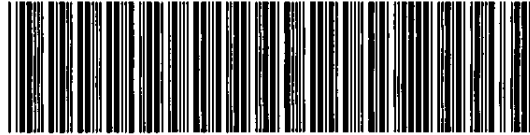
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-07-16
3

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: MEGLADON, 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:

PETERB WEINTRAUB

Contact Person

WEINTRAUB & WEINTRAUB P.A.

Firm/Company

2700N MILITARY TRAIL SUITE 355

Address

BOCA RATON FL 33431

City, State and Zip Code

PBW@WEINTRAUBLAWFIRM.COM

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

For further information concerning this matter, please call:

PETERB WEINTRAUB at (561) 988-6411

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

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:

MEGLADON LLC

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

on OCTOBER 12, 2015

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:**

MEGLADON, INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 10/12/2015

(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.

Signed this 15TH day of DECEMBER, 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:

Printed Name: NARCISOATTIA Title: PRESIDENT

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

Signature: Andreas Hase

Printed Name: ANDREAS HASE Title: MANAGER

Signature: Lourdes Heinz

Printed Name: LOURDESHASE HEINZ Title: MANAGER

Signature: Narciso Attia

Printed Name: NARCISOATTIA 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)

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TALLAHASSEE, FLORIDA

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: MEGLADON INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

3850 BIRD ROAD

SUITE 702

MIAMI FL 33146

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LEGAL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NARCISO ATTIA

Name and Title: JACK ATTIA

Address: MMG TRUST / MMG TOWER
23RD FLOOR, AVE. PASEO DEL MAR
COSTA DEL ESTE

Address: MMG TRUST / MMG TOWER
23RD FLOOR, AVE. PASEO DEL MAR
COSTA DEL ESTE

PANAMA CITY, REPUBLIC OF PANAMA PANAMA CITY, REPUBLIC OF PANAMA

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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ARTICLE VI REGISTERED AGENT

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

Name: MANAGEMENT TAX CONSULTING, INC
Address: 4430 ORCHID BLVD. SUITE 202
CAPE CORAL FL 33904

ARTICLE VII INCORPORATOR

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

Name: THE NA FAMILY TRUST
Address: C/O MMG TRUST
23RD FLOOR AVE. PASEO DEL MAR

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CLERK OF THE COURT
TREASURY DEPARTMENT
FLORIDA

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

Oliver Huttner

Required Signature/Registered Agent

12/15/15

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.

Narciso Attia

Required Signature/Incorporator

12/15/15

Date