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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
<u> </u>	—	
(Bi	usiness Entity Nar	ne)
(Di	ocument Number)	
Certified Copies	Certificates	s of Status
Cupaint lucturations to	Filing Officer	
Special Instructions to	Filing Officer.	
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Office Use Only



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SECRETARY OF SIME

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COVER LETTER

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TO: Charter Section
Division of Corporations

STREET ADDRESS: New Filings Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

SUBJECT: PADONIC CORPORATION
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:
MARCOS A. PADONIC
Contact Person
PADONIC CORPORATION
Firm/Company
6555 NW 9th Avenue, Suite 202
Address
FORT LAUDERDALE FL 32309
FOET LAUDERDALE, FL 33309 City, State and Zip Code
PADONANE @ GMAIL. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARCOS PADONIC at (791) 200-8441
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}{2}\$113.75 Filing Fees and Certified Copy Status \$\int \frac{1}{2}\$113.75 Filing Fees and Certified Copy Certified Copy, and Certificate of Status

MAILING ADDRESS: New Filings Section Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

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 E	ntity" immed	iately prior to the	filing of this Certificate of C	onversion is:	
PA	DONIC	CORP.	F1-4551	10/15/20	OIO
the specific of the specific o	Enter Na	me of Other Busin	ess Entity		-
	pe. Example:		company, limited partnership	16 FE B 16	SECRETAR DIVISION OF (
first organized, formed or incorporated (Enter s			name of the country)	AH 1: 17	2008 2018 2018 2018
onEnter date "Othe	July r Business Er	1 1999 ntity" was first org	anized, formed or incorporat	. 	TE
3. If the jurisdiction of the "Other Bus organized, formed or incorporated:	iness Entity"	was changed, the	state or country under the la	ws of which i	t is now
F	LOPIDA	- USA			
4. The name of the Florida Profit Corp	oration as se	t forth in the <u>attac</u>	hed Articles of Incorporati	on:	200
	PADON	ic corp	•		
		e of Florida Profit		,	
5. If not effective on the date of filing, (The effective date: 1) cannot be pri Department of State; AND 2) must hif an effective date is listed therein.) Note: If the date inserted in this block listed as the document's effective date.	or to nor mo be the same a does not med	ore than 90 days a set the effective day the applicable st	te listed in the attached Art atutory filing requirements,	ticles of Inco	rporation,

Signed this <u>64</u> day of <u>February</u>	, 20) Le	
Required Signature for Florida Profit Corporation:		
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Printed Name: Marcos A. Dadovic, Title:		an
Required Signature(s) on behalf of Other Business E	Intity: [See below for required signature(s).]	
Printed Name: María del Carmen De Nunzio 710	Title: NCNP	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	_ Title:	<u>.</u>
Signature:		ייי דו
Printed Name:	Title:	<u>~</u>
Signature:		A .
Printed Name:	Title:	· • • • • • • • • • • • • • • • • • • •
Signature:		ξ,
Printed Name:	Title:	
If Florida General Partnership or Limited Liability Signature of one General Partner.	<u>Partnership:</u>	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:	
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	

\$70.00

\$8.75 (Optional) \$8.75 (Optional)

Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:

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

The name of the corporation shall be:	c corpora	MOTIT		_	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:					
The principal place of business/maining address is:				3	•
Principal street address	ľ	Mailing address, if diff	erent is:	FEB SIGNE	
6555 NW 9th NENUE, Suite 202		SAME		6 A	ग्। = ग्
4555 NW 9th AVENUE, Suite 202 FOOT LAUDGEDAUE, FL 33309				AHII:	-'
ARTICLE III PURPOSE				IONS	
The purpose for which the corporation is organized is:			•		
Project Management					
					•
				.	
ARTICLE IV SHARES The number of shares of stock is: 0,000 com	mon share	C	:		.55
The number of shares of stock is:	THE BULL	<u> </u>		<u></u>	
ARTICLE V INITIAL OFFICERS AND/OR DIRE	<u>ECTORS</u>	REGIT: MARÍA del	CARM	en.	
Name and Title: MAPOOS A. PATOONIC - CEO	Name and Title:	FIRST: MARÍA de LAST: DE NUNZI	0 - VC	146	
Address: 4421 Poinciana St. #3 Lauderdale by the Sea, Ft. 3330		H21 Poinciana			
Lauderdale by the Sea, Fi 3330	re <u>L</u>	audendale by t	he Sea,	FL 3330	28
Name and Title:	Name and Title:			<u></u>	
Address:	Address:			•	
	_	,			
Name and Title:	Name and Title:		: .		
Address:	Address:		· · · · · ·		

ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name: CLARA DIEZ	
Address: 3301 5W192 AVENUE	\$74m
MIRAHLAR, #1 33029	SECTION SECTIO
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	8 16 S
Name: MARCOS A. PADONIC	AH SECTION AND AND AND AND AND AND AND AND AND AN
Address: 6555 NW 9th AVENUE, 8tc 202 FORT LAUDELDALE, FL 33309	
FORT LAUDGEDALE, FL 33309	,,
Having been named as registered agent to accept service of process for the above stated corporation at the this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this continued as registered Agent Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false informed document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Required Signature/Incorporator Required Signature/Incorporator	apacity
V	