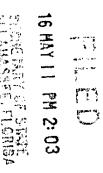
(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	<b>WAIT</b>	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
}		

Office Use Only



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1115-21339 MD5/11

### **COVER LETTER**

TO: Charter Section Division of Corporations
SUBJECT: News of Populiting Florida Profit 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:
Ni voie Eichenwald Braghin Contact Person
N events Firm/Company
7801 SW 51 AVC
Mi aug ft 33/43 City, State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (305) 788 1963  Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$105.00 Filing Fees and Certificate of Status  \$\begin{array}{c} \\$\\$113.75 Filing Fees and Certified Copy Status  \$\begin{array}{c} \\$\\$\$113.75 Filing Fees and Certified Copy and Certificate of Status  \$\begin{array}{c} \\$\\$\$\$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



May 4, 2015

NICOLE EICHENWALD BRAGHIN 7801 S.W.51ST AVE. MIAMI, FL 33143

SUBJECT: N EVENTS CORP Ref. Number: W15000031339

We have received your document for N EVENTS CORP and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

The Certificate of Conversion must be signed by an authorized person.

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 415A00009132

Division of Comparations DO DOV 6207 Tallahassas Florida 2021



November 12, 2015

NICOLE EICHENWALD BRAGHIN 7801 S.W.51ST AVE. MIAMI, FL 33143

SUBJECT: N EVENTS CORP Ref. Number: W15000031339

We have received your document for N EVENTS CORP and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The converting Florida entity must be active on our records.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II

Letter Number: 415A00009132

Division of Comparations D.O. DOV 6297 Tollahassas Florida 29214

### **COVER LETTER**

TO:	Charter Section Division of Co				
SUBI	ECT:	N EVENTS	(arp		
2020			Name of	Resulting Florida Prof	it Corporation
				s of Incorporation, and cordance with s. 607.1	fees are submitted to convert an "Other Business 115, F.S.
Please	e return all corre	spondence con-	cerning this	s matter to:	
F	eengubo f	296HIN Contact	Person		
		Firm/Co	mpany		
90	GUIS BAY	SPORF DE	ess	- Ideo	
	MW F	<u> </u>	3 nd Zip Code		
	FBAGHIN E-mail address: (	(to be used for	(On future annu	nal report notification)	
For fu	rther information	n concerning th	nis matter, į	olease call:	
FU	Name of C	AGHIN Contact Person	·	at ( 305 ) Area Code a	nd Daytime Telephone Number
Enclos	sed is a check fo	r the following	amount:		4
<b>=</b> \$10	05.00 Filing Fees	s 🗆 \$113.75 F and Certifica Status		□\$113.75 Filing Fee and Certified Copy	cs <b>D</b> \$122.50 Filing Fees, Certified Copy, and Certificate of Status
New I	ET ADDRESS Filings Section on of Corporation	_		New	ILING ADDRESS: Filings Section sion of Corporations

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

# 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 Entity" immediately prior to the filing of this Certificate of Conversion is:
N EVENTS LU
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 FLOUD.  (Enter state, or if a non U.S. entiry, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
on 04/44/2006
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:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>   WEVENTS ORP   Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: <u>U/30/30/5</u> .  (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; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this day of CLICER	, 20		
Required Signature for Florida Profit Corporation:	•		
Signature of Chairman, Vice Chairman, Director, Office Incorporator:  Printed Name: No. 16 6 19 16 19 16 19 16 19 16 19 16 19 16 19 19 19 19 19 19 19 19 19 19 19 19 19	eer, or, if Directors or Officers have not been	n selected, a	រោ
Required Signature(s) on behalf of Other Business I	Entity: [See below for required signature(s	<b>يـ</b> ال	
Signature: X Till W		16 MAT	***
Printed Name: N. W/c Braghin			_ 9
Signature:			Z
Printed Name:	Title:	3	 03
Signature:		top 10	
Printed Name:	Title:		
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 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: 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)

ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	는 10 mm
Principal street address	Mailing address, if different is
7801 SW 51 AVE	7
MIAN, FL 33143	2:02
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
ANY LAWFUL EVENT	
	· · · · · · · · · · · · · · · · · · ·
ARTICLE IV SHARES The number of shares of stock is: 100	
	RECTORS
The number of shares of stock is:	
The number of shares of stock is:	
The number of shares of stock is:	Name and Title:
The number of shares of stock is:	Name and Title:  Address:
The number of shares of stock is: 100  ARTICLE V INITIAL OFFICERS AND/OR DE  Name and Title: NICOLE EILHENWAY BRACH  Address: YEUL SW 51 AUF  OFFICE MIAN FL 38143	Name and Title:  Address:  Name and Title:
The number of shares of stock is:	Name and Title:  Address:  Name and Title:  Address:

ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptate	ole) of the registered agent is:
Name: NICOLF EICHENWAID BOAGHIN	1
Address: 7801 SW 51 AVE	
MIAN, FL 33143	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: NICOLT EILHENWALD BRAGHI	
Address: 7EDI SW 51 AVE	2 2 C
MIAN, FL 33143	
**************	**************
Having been named as registered agent to accept service of pro this certificate, I am familiar with and accept the appointment (	ocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
X # THUH	
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein document to the Department of State constitutes a third degree	are true. I am aware that any false information submitted in a felony as provided for in s.817.155, F.S.
X-TV TUUNI	
Required Signature/Incorporator	Date