

P17000042729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

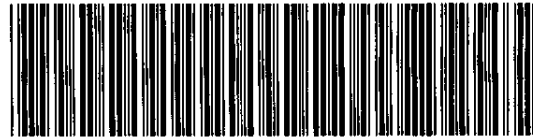
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800298520038

04/28/17--01020--010 \*\*113.75

FILED  
17 MAY 12 PM 1:54  
ALABAMA STATE FLOIDA

W1737041

T. BURCH

MAY 15 2017

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** O'BIOCCA 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:

GIUSEPPE MASCARELLA  
Contact Person

O'BIOCCA CORPORATION - (DBA: VALUE AMPLIFY CONSULTING GROUP)  
Firm/Company

8911 COLLINS AVE - STE 1102  
Address

SURF SIDE, FL 33154  
City, State and Zip Code

GIUSEPPE@VALUEAMPLIFY.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GIUSEPPE MASCARELLA at (425) 269 5470  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees ☒ \$113.75 Filing Fees ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,  
and Certificate of Status 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SIGNED  
THX  
PM

May 1, 2017

GIUSEPPE MASCARELLA  
8911 COLLINS AVE STE 1102  
SURFSIDE, FL 33154

SUBJECT: O'BIOLLA CORPORATION  
Ref. Number: W17000037041

We have received your document for O'BIOLLA CORPORATION and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Tim Burch  
Regulatory Specialist III

Letter Number: 617A00008434

17 MAY 12 PM 4:17

**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:

O'BIOLLA CORPORATION  
Enter Name of Other Business Entity

2. The "Other Business Entity" is a CORPORATION  
(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 WASHINGTON  
(Enter state, or if a non-U.S. entity, the name of the country)

on 6/5/2007  
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**:

O'BIOLLA CORPORATION  
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  
17 MAY 12 PM 1:54  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Signed this 20 day of APRIL, 2017.

**Required Signature for Florida Profit Corporation:**

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

Incorporator: Giuseppe Mascarella

Printed Name: GIUSEPPE MASARELLA Title: PRESIDENT

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

Signature: Giuseppe Mascarella

Printed Name: \_\_\_\_\_ Title: OFFICER, 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: O'BIOLLA CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address  
8911 COLLINS AVE - STE 1102  
SURFSIDE, FL 33154

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ALL PURPOSES ALLOWED BY THE LAW  
INCLUDING BUSINESS AND TECHNOLOGY CONSULTING.

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000,000 - (ONE MILLION)

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

Name and Title: GIUSEPPE MASCARELLA Name and Title: \_\_\_\_\_

PRESIDENT

Address: 8911 COLLINS AVE - STE 1102 Address: \_\_\_\_\_

SURFSIDE, FL 33154

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

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: GIUSEPPE MASCARELLA  
Address: 8911 COLLINS AVE - STE 1102  
SURFSIDE FL, 33154

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GIUSEPPE MASCARELLA  
Address: 8911 COLLINS AVE - STE 1102  
SURFSIDE, FL 33154

FILED  
17 MAY 12 PM 1:54  
DEPT. OF STATE  
TALLAHASSEE, 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*

Giuseppe Mascarello  
Required Signature/Registered Agent

4/20/2017  
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.*

Giuseppe Mascarello  
Required Signature/Incorporator

4/20/2017  
Date