(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ertified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only

M. MOON OCT 0 5 2017



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## CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

Date:	10/5/17 ACCT. 120160000072	anic-
Name:	EDG Alpharetta Manag	ement Inc
Document #:	0	
Order #:	10662336	
Certified Copy of Arts & Amend:		
Plain Copy: Certificate of Good Standing:		
Apostille/Notarial Certification:	Country of Destination: Number of Certs:	
Filing	Certified: Plain: COGS:	
Availability Document Examiner Updater	Amount: \$ 113.75	

Thank you!

W.P. Verifier

#### COVER LETTER

ΓO:	Charter Section Division of Corp	orations			
		etta Munagement, Inc.			
SUBJ	ECT:	Name of F	Resulting Florida P	rofit C	orporation
The ei Entity	nclosed Certificate " into a "Florida P	of Conversion, Articles rofit Corporation" in acc	of Incorporation, seordance with s. 60	and fee )7.1115	es are submitted to convert an "Other Business 5, F.S.
Please	return all correspond	ondence concerning this	matter to:		
Osval	do F. Torres, Esq.				
		Contact Person			
Тогте	s Law, P.A.				
		Firm/Company			
888 S	outheast Third Aven	iue. Suite 400			
		Address			
Fort I	.auderdale, Florida ?	33316			
		City, State and Zip Code	?		
	@epelboim.com				
	E-mail address: (to	o be used for future annu	ual report notificat	ion)	
For fi	urther information	concerning this matter,	please call;		
Osva	ldo F. Torres, Esq.		754 at (	300-58	
	Name of Co	ontact Person	Area Co	de and	Daytime Telephone Number
Encl	osed is a check for	the following amount:			
\$1	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	\$113.75 Filing and Certified Co	Fees py	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STR	EET ADDRESS:			MAIL.	ING ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

17 OCI -5 PH 3: 21

# Certificate of Conversion For "Other Business Entity"

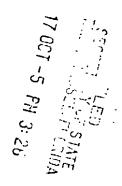
# Into

### 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:
EDG Alpharetta Management, LLC
Enter Name of Other Business Entity
Limited Liability Company
2. The "Other Business Entity" is a
first organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
April 4, 2017
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:
EDG Alpharetta Management, Inc.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date:  (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)  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 thisday of	. 20 17	
Required Signature for Florida Profit Corporation:		
Signature of Chairman, Vice Chairman, Director, Officer Incorporator:  Printed Name: Nocl Epcloom  Title: President		elected, an
Required Signature(s) on behalf of Other Business En	tity: [See below for required signature(s).]	
Signature: Northauf		
Printed Name: Noel Epelboim	Title: Manager	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:		
Signature:		
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.		17
All others: Signature of an authorized person.		-5-120
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)	TOCT-5 PH 3:26

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

ARTICLE I The name of the	e corporation shall be:	ment, Inc.	
ARTICLE II	PRINCIPAL OFFICE		
The principal p	lace of business/mailing address is:		
20200 West Dio	Principal street address	Mailing address, if different is:	_
Suite 908			<u>.</u>
Miami, Florida			<del>_</del>
ARTICLE II.	I PURPOSE or which the corporation is organized is:		
			_
			_
			<del>-</del>
			-
			_
			_
ARTICLE I	V SHARES 1,000 shares at \$1 per value f shares of stock is:	e	
ARTICLE	V INITIAL OFFICERS AND/OR DIR	ECTORS	
	Nocl Epelboim, President	Name and Title:	17
Address:	20200 West Dixie Highway, Suite 908	Address:	17 <sub>1</sub> 0071-
	Miami, Florida 33180		5 × 33 × 3
Name and Ti	tle: Luigi Blasi, Vice-President	Name and Title:	<u>패</u> [[도, 5
Address:	20200 West Dixie Highway, Suite 908	Address:	STAT
	Miami, Florida 33180		JA —
Name and Ti	Jorge E. Fernandez, Secretary	Name and Title:	
Address:	3350 Southwest 148th Avenue, Suite 120	Address:	<del></del>
	Miramar, Florida 33027		

ne:	Noel Epelboim		
ress:	20200 West Dixie Highway, Suite 908		
	Miami, Florida 33180		
TICL			
name re:	and address of the Incorporator is:  Noel Epelboim		
ress:	20200 West Dixie Highway, Suite 908		
	Miami, Florida 33180		
****	***********	********	
ing be certifi	en named as registered agent to accept service of pro- cate, I am familiar with and accept the appointment o	cess for the above stated corporation at the place d s registered agent and agree to act in this capacity	esignate
	Nt pellain 1	October 4, 2017	
	Required Signature/Registered Agent	Date	
ibmit t umeni	his document and affirm that the facts stated herein to the Department of State constitutes a third degree	are true. I am aware that any false information su felony as provided for in s.817.155, F.S.	bmitted
	Nepelany	October 4, 2017	
	Required Signature/Incorporator	Date	

TOCT-5 PH 3:26