P18000002538

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



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FILED

T. BURCH JAN 1 0 2018

COVER LETTER

TO: Charter Section Division of Corpor	ations			
Zero Gravity Co SUBJECT:	onsultants			
SUBJECT:	Name of	Resulting Florida	Profit	Corporation
The enclosed Certificate of Entity" into a "Florida Prof				ees are submitted to convert an "Other Business 15, F.S.
Please return all correspond	dence concerning this	s matter to:		(
Gerald A Montella				
	Contact Person		-	1
Zero Gravity Consultants				
	Firm/Company		-	
1365 W Diamond Shore Loop)			
	Address		-	
Hernando Fl., 34442				
City	v. State and Zip Code	e	-	•
Jerry@0gravityconsultants.co	em			
E-mail address: (to be	used for future annu	tal report notifica	tion)	
For further information con	cerning this matter,	please call:		
Gerald A Montella		443 at (28 3 -89	542
Name of Contac	ct Person		ode and	Daytime Telephone Number
Enclosed is a check for the	following amount:			
	\$113.75 Filing Fees I Certificate of itus	□\$113.75 Filin and Certified Co		☐\$122.50 Filing Fees. Certified Copy, and Certificate of Status
STREET ADDRESS: New Filings Section Division of Corporations			New Fi Divisio	ING ADDRESS: illings Section on of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 27, 2017

GERALD A MONTELLA 1365 W DIAMOND LOOP HERNANDO, FL 34442

SUBJECT: ZERO GRAVITY CONSULTANTS

Ref. Number: W17000101690

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

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Letter Number: 717A00026141

Tim Burch Regulatory Specialist III

www.sunbiz.org

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 Con	version i	S:	
Zero Gravity Consultants LLC 1/7 - 200 7.75			
Enter Name of Other Business Entity			
Limite Liability company		ಹ	
		Ä	
2. The "Other Business Entity" is a		JAN -9	77
- · · · · · · · · · · · · · · · · · · ·	Ø: 3	9	Γ-
Florida First arganized formed or incorporated under the laws of		A	Ш
first organized, formed or incorporated under the laws of			D
		9	
10/02/2017 on	77 ;	ည္	
Enter date "Other Business Entity" was first organized, formed or incorporated	- 	£_	
organized, formed or incorporated:			
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation	<u>1:</u>		
Zero Gravity Consultants			
Enter Name of Florida Profit Corporation			
10/02/2017			
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 f	iled by t	he Fl	orida
Department of State.)			
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this	s date wi	ill not	be
listed as the document's effective date on the Department of State's records.			

Page 1 of 2

Signed	this day of	. 20	. 1
•		, 50	
	red Signature for Florida Profit Corporation:		
Signati Incorpo	ore of Chairman Vice Chairman, Director, Office oraton Gerald A Montella Title: Chairman	er, or, if Directors or Officers hav	ve not been selected, an
Printed	Name: Gerald A Montella Title: Chairma	an	-
	red Signature(s) on behalf of Other Business I	Entity: [See below for required s	ignature(s).]
Signati	ire: Shalatte atts		
Printed	Gerald A Montella Name:	r Presiden & CEO Title:	<u> </u>
Signati	ure:		<u> </u>
Printed	Name:	Title:	1
Signati	ure:		
Printed	Name:	Title:	
Signati	ure:		
Printed	Name:	Title:	
Signati	ure:		<u> </u>
Printec	i Name:	Title:	
Signati	ure:		
Printed	Name:	Title:	
	ida General Partnership or Limited Liability	Partnership:	
Signati	ure of one General Partner.		
	rida Limited Partnership or Limited Liability ures of ALL General Partners.		!
	rida Limited Liability Company: upe of a Member or Authorized Representative.		
Alf of Signati			
Fees:	·		
rea.	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)

The name of the corporation shall be:	ants Loup.
ARTICLE II PRINCIPAL OFFICE	
he principal place of business/mailing address is:	:
Principal street address	Mailing address, if different is:
1365 W Diamond Shore Loop Hernando Ft 3-4442	
THE PURPOSE The purpose for which the corporation is organized is:	
Zero Gravity Consultants will be selling the following service	es: Email, SMS, Web Design and digital communications,
to all market segments Thru our selected vendors	
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APTICLE IV. CHAPES	<u> </u>
	÷
The number of shares of stock is:	· · · · · · · · · · · · · · · · · · ·
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DE	RECTORS
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DI Gerald A Montella President & CEO	RECTORS David Pomeroy COO, VP of Sales
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DE Gerald A Montella President & CEO Name and Title: 1365 W Diamond Shore Loop	RECTORS David Pomeroy COO ,VP of Sales Name and Title: 57 Hickory La
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DI Gerald A Montella President & CEO Name and Title: 1365 W Diamond Shore Loop Address:	David Pomeroy COO ,VP of Sales Name and Title: 57 Hickory La Address:
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DE Gerald A Montella President & CEO Name and Title: 1365 W Diamond Shore Loop	RECTORS David Pomeroy COO ,VP of Sales Name and Title: 57 Hickory La
ARTICLE V INITIAL OFFICERS AND/OR DE Gerald A Montella President & CEO Name and Title: 1365 W Diamond Shore Loop Hernando Fl. 34442	David Pomeroy COO, VP of Sales Name and Title: 57 Hickory La Chalfont PA, 18914
ARTICLE V INITIAL OFFICERS AND/OR DE Gerald A Montella President & CEO Name and Title: 1365 W Diamond Shore Loop Hernando Fl. 34442	David Pomeroy COO, VP of Sales Name and Title: 57 Hickory La Address: Chalfont PA, 18914 Name and Title:
ARTICLE V INITIAL OFFICERS AND/OR DE Gerald A Montella President & CEO Name and Title: 1365 W Diamond Shore Loop Hernando Fl. 34442 Name and Title:	David Pomeroy COO ,VP of Sales Name and Title: 57 Hickory La Address: Chalfont PA, 18914 Name and Title:
ARTICLE V INITIAL OFFICERS AND/OR DE Gerald A Montella President & CEO Name and Title: 1365 W Diamond Shore Loop Address: Hernando Fl. 34442 Name and Title: Address:	David Pomeroy COO, VP of Sales Name and Title: 57 Hickory La Address: Chalfont PA, 18914 Name and Title: Address:
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ARTICL	E VI REGISTERED AGENT	
The name	and Florida street address (P.O. Box NO	Tacceptable) of the registered agent is:
Name:	Gerald A Montella	
Address:	1365 W Diamond Shore Loop,	
	Hernando fl.34442	
ARTICL	E VII INCORPORATOR	<u></u>
The name	and address of the Incorporator is:	S S S S S S S S S S S S S S S S S S S
Name:	Gerald A Montella	₩-9
Address:	1365 W Diamond Shore Loop	
	Hernando Fl. 34442	<u> </u>
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******** Having be this certifi	en named as registered agent to accept ser	vivie of process for the above stated corporation at the place designated in ointment as registered agent and agree to act in this capacity
	Jeweld Wonted	12/21/2017
y	Required Signature/Registered Agent	Date
I submit ti	his document and affirm that the facts stat	ed herein are true. I am aware that any false information submitted in a
document	to the Pepartment of State constitutes a the	rd degree felony as provided for in s.817.155, F.S.
6	Sull Montet	12/21/2017
	Required Signature/Incorporator	Date

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