

P1800052098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

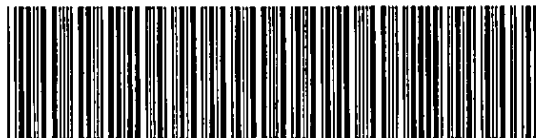
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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18 JUN -4 PM 12:56
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FALL 18

M. MOON
JUN 12 2018

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: The Night List
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:

David Sambunjak
Contact Person

The Night List
Firm/Company

9083 Chatsworth Cascades
Address

Boca Raton FL 33434
City, State and Zip Code

dsambunjak@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Filip Sambunjak at (516) 359-6085
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 and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☒ \$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

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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:

The Night List LLC 614000038624
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 Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on March 6th, 2014
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**:

The Night List INC
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: July 27th, 2018

(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.

Signed this 28th day of April, 2018.

Required Signature for Florida Profit Corporation:

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

Incorporator: [Signature]
Printed Name: David Filip Sambunjak Title: Chairman Chief Executive Officer

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

Signature: [Signature]

Printed Name: David Filip Sambunjak Title: 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)

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CLERK OF COURT
JAN 11 2018

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: The Night List INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

4083 Chatsworth Cascades

Boca Raton Fl. 33434

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

At The Night List we are an entertainment company that
lists bars, nightclubs, restaurants and related nightlife content
to help the users of our website find events and things to
do in their area. Our purpose is to answer the question
"What is there to do tonight?" and offer promotions and specials

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Sambunjak CEO

Address: 4083 Chatsworth Casrado

Boca Raton Fl. 33434

Name and Title: _____

Address: _____

Name and Title: Norvinder Singh COO

Address: 21 Overton Street

Sayville NY 11782

Name and Title: _____

Address: _____

Name and Title: Yeorgos Kanaris CTO

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: David Sambunjak

Address: 9083 Chatsworth Cascades
Boca Raton Fl. 33434

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David Sambunjak

Address: 9083 Chatsworth Cascades
Boca Raton Fl. 33434

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,

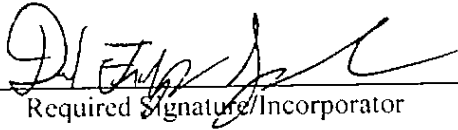


Required Signature/Registered Agent

4/28/18

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.



Required Signature/Incorporator

4/28/18

Date

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1601 N. W. 10th St.
TALLAHASSEE, FL 32310