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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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18 JUN 22 AH ID: 31
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

JUN 2 5 2018 T SCHROEDER

COVER LETTER

"Other Business

TO:

Charter Section

Division of Corporations

SUBJECT: Skywise Te	chnologies			
		Resulting Flori	da Profit	Corporation
	te of Conversion, Article Profit Corporation" in ac			ees are submitted to convert an 15, F.S.
Please return all corres	pondence concerning thi	s matter to:		
Michael I. Merzacco				
	Contact Person		_	
Skywise Technologies /)	nova Technology Services	LLC		
	Firm/Company		_	
1438 W. Lantana Rd #34	5			
	Address			
Lantana, FL 33462			_	
	City, State and Zip Cod	·		
merzacco@gmail.com				
E-mail address: (t	o be used for future anni	ual report notifi	cation)	
For further information	concerning this matter,	please call;		
Michael I Merzacco		_at (<u>523-2</u>	770
Name of Co	ontact 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		-	☐\$122,50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	Circle		New F Divisio P. O. F	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314

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 Cer	tificate of Conversion is:
nova Technology Services LLC / 45-2959662 / L11-90132	
Enter Name of Other Business Entity	·
2. The "Other Business Entity" is a LLC	
(Enter entity type. Example: limited liability company, limited general partnership, common law or business trust etc.)	d partnership.
first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the cou	
8/10/2011 on	
Enter date "Other Business Entity" was first organized, formed of	or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country organized, formed or incorporated:	under the laws of which it is now
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of</u> Skywise Technologies Corporation	Incorporation:
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 Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing reclisted as the document's effective date on the Department of State's records.	-
Page 1 of 2	FILED 18 JUN 22 MID SECRETANY OF STR FALL AHASSEE, FLO

Signed thisday of	. 20 18	
Required Signature for Florida Profit Corporation		
Signature of Chairman, Vice Chairman, Director, Off Incorporator;	ficer or if Directors or Officers have not been	en selected, an
Required Signature(s) on behalf of Other Business		S).1
Signature: M. Manus		
Printed Name: Michael L Merzacco	Title: owner	•
Signature:		
Printed Name:		
Signature:		
Printed Name:		
Signature:		
Printed Name:		
Signature:		
Printed Name:		
Signature:		
Printed Name:		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	v Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.		18 JUN 22 SECRETARY TALLAHASSE
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)	TILED W 22 MID: FIARY OF STA

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

The name of the	the corporation shall be: Skywise Technology	gies Corporation	
ARTICLE I	II PRINCIPAL OFFICE place of business/mailing address is:		
Principal street address 1438 W Lantana Rd #345		Mailing address, if different is:	
Lantana, Ft. 3			-
	for which the corporation is organized is	ectivity for which corporations may be incorporated in this state.	-
		18 JUN 32 CARE ARE ARE ARE ARE ARE ARE ARE ARE ARE	7
The number of	V SHARES 100 of shares of stock is:	22. AM IO: 31 ARIT OF STATE ASSEE. FLORIDA	
Name and Tir Address:	3170 Emerald Lane Lantana, FL 33462	Name and Title: Address:	-
Name and Tit Address:	James Arthur Giclow / Treasurer 548 S 45th Street San Diego California 92113	Name and Title: Address:	
Name and Tit	tle:		-

	EVI REGISTERED AGENT	stubba) of the orginisms have as in	
Name:	e and Florida street address (P.O. Box NOT : Michael I, Merzacco	nable) of the registered agent is:	
Address:	3170 Emerald Lane		
Maniess.	Lantana, Fl. 33462		
ARTICL	E VII INCORPORATOR		
	and address of the Incorporator is:		
Name:	Michael I, Merzacco		
Address:	3170 Emerald Lane		
	Lantana, FL 33462		
******	************	***********************	
Having be this certifi	een named as registered agent to accept servic licate, I am familiar with and accept the appoin	process for the above stated corporation at the place designated at as registered agent and agree to act in this capacity	i.
	M. Mercus	6/18/2018	
	Required Signature/Registered Agent	Date	
l submit ti document	his document and affirm that the facts stated to the Department of State constitutes a third	in are true. I am aware that any false information submitted in	7
l submit ti document	his document and affirm that the facts stated to the Department of State constitutes a third	in are true. I am aware that any false information submitted in we felony as provided for in s.817.155, F.S.	7
l submit ti document	his document and affirm that the facts stated to the Department of State constitutes a third M. Maccolom Required Signature/Incorporator	in are true. I am aware that any false information submitted in we felony as provided for in \$.817.155, F.S. 6/18/2048	7 1

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SECRETARY OF STATE