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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

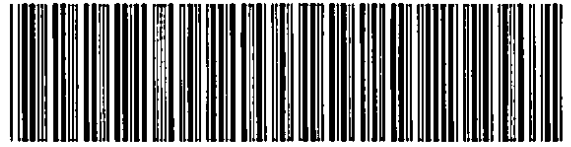
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2019 APR 11 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 18 2019

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COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Mixed Martial Arts Science, Inc.

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:

Manuel Rodriguez

Contact Person

Bueno Ventures Management Services, Inc.

Firm/Company

8240 NW 52nd Terrace Suite 202

Address

Doral, FL 33166

City, State and Zip Code

info@buenoventures.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manuel Rodriguez

at (412) 680-2955

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

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:

MMA Science LLC #L18-150413

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 06/19/2018

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**:

Mixed Martial Arts Science, 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.

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TALLAHASSEE, FLORIDA

Signed this 28th day of March, 2019.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Marcus A. Ramirez

Printed Name: Bueno Ventures Title: _____

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

Signature: Adam Ventura

Printed Name: Adam Ventura Title: Treasurer

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: Mixed Martial Arts Science, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Attn: David Zitnick

17773 76ST N

Loxahatchee, FL 33470

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To develop the first ever International Mixed Martial Arts Ranking System to follow system, we've spent thousands of hours painstakingly studying and identifying the most common techniques used in MMA and breaking each technique down into a precise and detailed description. In addition, we've identified and broken down fundamental movements so that all students develop critical habits related to any technique.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paul Gavoni - President

Address: 790 Bent Creek Drive

Fort Pierce, FL 34947

Name and Title: David Zitnick - Vicepresident

Address: 17773 76ST N

Loxahatchee, FL 33470

Name and Title: Roger Krahl - CEO

Address: 5357 Nob Hill Rd.

Sunrise, FL 33351

Name and Title: Adam Ventura - Treasurer

Address: 8240 NW 52nd Terrace Suite 202

Doral, FL 33166

Name and Title: Manuel Rodriguez - Secretary

Address: 8240 NW 52nd Terrace Suite 202

Doral, FL 33166

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 Zitnick
Address: 17773 76ST N
Loxahatchee, FL 33470

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

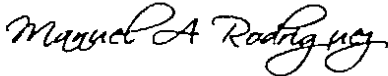
Name: Bueno Ventures
Address: 8240 NW 52nd Terrace Suite 202
Doral, FL 33166

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

03/28/2019
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

03/28/2019
Date