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12/26/19--01005--015 **175.00

(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

Office Use Only

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2019 DEC 26 AM 10:32
TALLAHASSEE, FLORIDA
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SECRETARY OF STATE
TALLAHASSEE, FL

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 12/26/2019

****WALK IN****

ENTITY NAME KWAY MILANO INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

Cert. Copy of Restated Arts & Amends if available. If not provide Cert. Copy of Arts & Amends.

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED 105.00

CHECK # 7110

Please call Tina at the above number for any issues or concerns. Thank you so much!

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:

Kway Milano Inc.

Enter Name of Other Business Entity

2. The "Other Business Entity" is a For - Profit Corporation
(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 California
(Enter state, or if a non-U.S. entity, the name of the country)

on 05/07/2018
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**:

Kway Milano 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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Signed this 23 day of December, 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: Daniele Saulo Visco Gilardi
Printed Name: Daniele Saulo Visco Gilardi Title: President

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

Signature: Daniele Saulo Visco Gilardi
Printed Name: Daniele Saulo Visco Gilardi Title: President

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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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: Kway Milano Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address <u>5600 Collins Avenue</u> <u>SL</u> <u>Miami, FL 33140</u>	Mailing address, if different is: _____ _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100,000

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TALLAHASSEE, FL

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Daniele Saulo Visco Gilardi, Director</u> Address: <u>5600 Collins Avenue, 8L</u> <u>Miami, FL 33140</u>	Name and Title: <u>Daniele Saulo Visco Gilardi, President</u> Address: <u>5600 Collins Avenue, 8L</u> <u>Miami, FL 33140</u>
Name and Title: <u>Daniele Saulo Visco Gilardi, Vice-President</u> Address: <u>5600 Collins Avenue, 8L</u> <u>Miami, FL 33140</u>	Name and Title: <u>Daniele Saulo Visco Gilardi, Secretary</u> Address: <u>5600 Collins Avenue, 8L</u> <u>Miami, FL 33140</u>
Name and Title: <u>Daniele Saulo Visco Gilardi, Treasurer</u> Address: <u>5600 Collins Avenue, 8L</u> <u>Miami, FL 33140</u>	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: Daniela Saulo Visco Gilardi
Address: 5600 Collins Avenue, 8L
Miami, FL 33140

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Daniela Saulo Visco Gilardi
Address: 5600 Collins Avenue, 8L
Miami, FL 33140

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

Daniela Saulo Visco Gilardi
Required Signature/Registered Agent

12/23/19
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.

Daniela Saulo Visco Gilardi
Required Signature/Incorporator

12/23/19
Date

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