

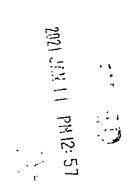
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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COVER LETTER

New Filing Sec Division of Co		•	•	•	·	•	ea.	·
SUBJECT:	MDA Lio	n S /r Resulting Flo				<u>16-</u> 22	51567	, <u>`</u>
	of Conversion, Articles o rofit Corporation" in acc					vert the fo	llowing el	igible
Please return all corres	pondence concerning thi	s matter to:						
Serghei	Pascan Contact Person							
MDA Lic	Firm/Company		· 					
6614 Via	Regia Address							
Boca Ration,	FL 3343 City, State and Zip Code	3	<u>_</u>					
MOALIONS 17 E-mail address: (1	UCO YA HOO. to be used for future annu	COM ial report noti	ification)					
For further information	concerning this matter,	please call:						
Serghei Paso Name of Co	Ca h ontact Person	_at (<u>773</u> Arc	a Code and	5 00 Daytime T	SZ elephone	Number		
Enclosed is a check for	the following amount:							
□ \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 I and Certified	•	©\$122.50 Certified (Certificate	Copy, and			
Mailing Adds New Filing Se	ection		New F	Address:				

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



October 26, 2020

SERGHEI PASCAN 6614 VIA REGIA BOCA RATON, FL 33433

SUBJECT: MDA LIONS INC. Ref. Number: W20000123902

We have received your document for MDA LIONS INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The Certificate of Conversion must be signed by an authorized person.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 420A00021277

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
MDA Lions Inc
Enter Name of the Converting Entity
2. The converting entity is a S-coro hoorpor ation (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
onO3 / O4 / 20\3 Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
MOA Lions Inc
Enter Name of Florida Profit Corporation
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.
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
Yeard as the decrement's effective date on the Department of State's records.

Signed this 1st day of October , 20 20						
Required Signature for Florida Profit Corporation:						
Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:						
Printed Name: Serghei Pascan Title: Owner / Director						
Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]						
Signature:						
Printed Name: Sorghei Poscon Title: Owner (Director						
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.						
Articles 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 FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

he name of the corporation shall be: MDA 1	ions Inc
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
Principal street address 6614 Via Ragina	Mailing address, if different is:
Boxa Alaton, FL 33433	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
T	
ARTICLE IV SHARES The number of shares of stock is: 1000 (00	·
Name and Title: Coronoi Process (Directors	Year Name and Title:
Address: 6614 Via Ragina	Address:
Boca Raton, FL 33433	
Name and Title:	Name and Title:Address:
Name and Title:	Name and Title:
Address:	Address:
	· ————————————————————————————————————

ARTICL The manus	and Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:
Name:	Serghei Pascan	
Address:	6614 Via Alagina	
	Boon Ration FL 33433	
Having b	veen named as registered agent to accept service of proficate, I am familiar with and accept the appointment as	esses for the above stated corporation at the place designated in registered agent and agree to act in this capacity
	Ne-	<u>30/3/2020</u> Dete
	Required Signature/Registered Agent	St. 1944