# P11000045962

(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



200206960822

05/03/11--01002--024 \*\*105.00



C. LEWIS

MAY 13 2011

EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 4, 2011

THOMAS ABRAHAM CONTINENTAL SYSTEMS USA, INC. 1865 79TH ST CSWY, #8-O NORTH BAY VILLAGE, FL 3141

SUBJECT: CONTINENTAL SYSTEMS USA, INC.

Ref. Number: W11000024870

We have received your document for CONTINENTAL SYSTEMS USA, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 111A00010896

## **COVER LETTER**

TO:	Registration : Division of C			
SURI	ECT: C	ontinental Syst	tems USA. Inc	
3000	<u>_</u>		esulting Florida Profit Cor	poration
"Other	r Business Enti		ofit Corporation" in acc	, and fees are submitted to convert an cordance with s. 607.1115, F.S.
1 10030	Totalli all coll	espondence concerning	g and matter to.	
	homas Abr	aham Contact Person		
c	ontinenta	l Systems USA,	Inc	
		Firm/Company		
1	865 79th	St Cswy, #8-0	<del></del>	
		Address		
: : : : : : : : : : : : : : : : : : :	· · · · · · · · · · · · · · · · · · ·	Vlg, FL 33141 City, State and Zip Code  L.com be used for future annual r	· · · · · · · · · · · · · · · · · · ·	
E	-mail address: (to	be used for future annual r	eport notification)	
For fu	rther informati	on concerning this ma	tter, please call:	
T	homas Abr	aham	at ( 804 )	965-1552
	Name of Cor	ntact Person	Area Code and Dayti	me Telephone Number
Enclos	sed is a check t	for the following amou	int:	
<b>Š</b> \$10	5.00 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
Regist Divisi Clifton	ET ADDRES ration Section on of Corporat n Building Executive Cent	ions	MAILING A Registration S Division of C P. O. Box 633 Tallahassee,	Section Corporations 27

Tallahassee, FL 32301

# Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation



This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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 Conversion is:	he "Other Business Entity" immediately prior to the filing of this Certificate of	
Contine	ental Systems USA, INC	
	Enter Name of Other Business Entity	
	isiness Entity" is a Corporation inter entity type. Example: limited liability company, limited partnership general partnership, common law or business trust, etc.)	- P
first organized, fo	ormed or incorporated under the laws of <u>Virginia</u>	. F
	(Enter state, or if a non-U.S. entity, the name of the country)	
on	02/19/1997	
	er date "Other Business Entity" was first organized, formed or incorporated	
which it is now or	ion of the "Other Business Entity" was changed, the state or country under the law rganized, formed or incorporated:  N/A  he Florida Profit Corporation as set forth in the attached Articles of Incorporation	
Contine	ental Systems USA, Inc	
	Enter Name of Florida Profit Corporation	
(The effective datiled by the Flori attached Articles  6. The conversion	e on the date of filing, enter the effective date:  te: 1) cannot be prior to nor more than 90 days after the date this document ida Department of State; AND 2) must be the same as the effective date listed s of Incorporation, if an effective date is listed therein.)  is permitted by the applicable law(s) governing the other business entity and the lies with such law(s) and the requirements of s.607.1115, F.S., in effecting the	
7. The "Other Bus	siness Entity" currently exists on the official records of the jurisdiction under which	ch it is

currently organized, formed or incorporated.

Signed this _27th _day of _April	, 20 <u>11</u>			
Required Signature for Florida Profit Corporat Individual signing affirms that the facts stated in the a third degree felony as provided for in s.817.155, it	is document are true. Any false inforn	nation	consti	tutes
Signature of Chairman, Vice Chairman, Director, Conselected, an Incorporator:  Printed Name: Thomas Abraham Title:	am		een	
Required Signature(s) on behalf of Other Business stated in this document are true. Any false informat s.817.155, F.S. [See below for required signature(s).]	Entity: Individual(s) signing affirm(stion constitutes a third degree felony a	s) that		
Signature: Shomas Alrahan	20~	_		
Printed Name: Thomas Abraham	Title: President	<del>-</del>		
Signature:				
Printed Name: Anil T Abraham	Title: <u>Director</u>	<del>-</del> -		
Signature: Printed Name:	Title:	– 	~91	
		ALI.	<u> </u>	
Signature:	Tid.	<b>≥</b> 2	5	7)
Printed Name:	_ 1 tue:	SA	<u>ښ</u> .	ن المبارك المباركية
Signature:		38 238	N	
Printed Name:	_ Title:		=	ۇرۇپ ۋ ئارى
Signature:		92		A Company
Signature: Printed Name:	Title:	- 5 F	-	
		-		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:			
biginature of one General Farance.				
If Florida Limited Partnership or Limited Liabilit	y 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)

NAME

The name of the corporation shall be:

FIL	EU
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SECRETARY 12 AM ME 11

	Continental	Systems	USA, Inc	FAILURETAR
ARTICLE II	PRINCIPAL OFFICE			FALLAHASSE
400	Principal street address		Mailing address, if diffe	ALCITE TO
	5 79th St Cswy #8-0			
-Nor	th Bay Vlg		- 'Administration THE'	
<del>-FL</del>	33141	-		
ARTICLE III	PURPOSE			
The purpose for	which the corporation is organized is:			
Sof	tware Consulting			
ARTICLE IV  The number of sh				
The number of si	nares of stock is: 1,000			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	<u>es</u>		
Name and	Title: Thomas Abraham, Presider		e:	
Address:	1865 79th St Cswy #8-0			
	North-Bay-Vlg, FL 33141	<del>-</del>		
	Title: <u>Anil T Abraham, Directo</u>	r Name and Titl	e:	
Address:	_50 S Pointe Dr #1907			
1	Miami Beach, FL 33139	<del></del>		
	Title:	Name and Titl	e:	
Address:		_ Address:		
		_		<u> </u>
	REGISTERED AGENT	-	<del>.</del>	
	lorida street address (P.O. Box NOT acceptable) or		ent is:	
Name:	Thomas Abraham			
Address:	<del>1865 79th St Cswy #8-0-</del>			
-	North Bay Vlg, FL 33141	_		
ARTICLE VII	INCORPORATOR			
The <u>name and ad</u>	Idress of the Incorporator is:	<b>✓</b>		
Name:	Thomas Abraham	_ 🔨		
Address:	1865 79th St Cswy #8-0	<u>.</u>		
	North Bay Vlg, FL 33141			
Having been nan	ned as registered agent to accept service of process		tated corporation at the	place designated in

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.

4/27/2011 Date

this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

| Shomes Albakam 5/09/2011
| Required Signature/Incorporator Date

Thomas Hosham
Required Signature/Registered Agent