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· (Re	equestor's Name)	
(Address)		
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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TALLAHASSEE, FLORIC

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B. BOSTICK
DEC - 3 2012
EXAMINER

COVER LETTER

TO: Registration Division of C					
SUBJECT: Soft	A INFORMATION TEN	Resulting Florida Profit Co		_	
			n, and fees are submitte cordance with s. 607.1		t an
Please return all corr	espondence concernin	g this matter to:			
James Qui	Contact Person		·		
SOFIA INFORM	Firm/Company	CONSULTING, LLC			
14776 FEFTWAL	Cove RD Address				
CLEARWATEL,	F1 33767 City, State and Zip Code		<u>.</u>	SECR	:
quilty in S E-mail address: (to	be used for future annual r	report notification)		AHASSEE.	-
For further informati	on concerning this ma	tter, please call:		FLOR	C
Janes Quity Name of Con	/ tact Person		88-3880 ime Telephone Number.	10A	
Enclosed is a check f	for the following amou	ınt:			
□ \$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:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS: Registration 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 <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 "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
SOFIA INFORMATION TECHNISIONY CONSULTINGS, LLC LIZOCO 16 G Enter Name of Other Business Entity
Enter Name of Other Business Entity
2. The "Other Business Entity" is a LIMITED LIMBILITY 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 $67/71/2012$
on 67/21/2012. 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:
N/A
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation
Socia Information Tremovory Consulting In
Sofia Infoemation Teemology Consoliting, Inc. Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this decument is
filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.

Page 1 of 2

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this 28 day of November			
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,	is document are true. Any false inform	ation constitutes	
Signature of Chairman, Vice Chairman, Director, selected, an Incorporator: Printed Name: Printed Name: Title:	Officer, or, if Directors or Officers have	not been	
Required Signature(s) on behalf of Other Business stated in this document are true. Any false information s.817.155, F.S. [See below for required signature(s).	tion constitutes a third degree felony as]	s provided for in	
Signature: Printed Name: TM6S QUILTY	Title: CEO	-	
Signature:Printed Name:			
Signature:Printed Name:	Title:		
Signature:Printed Name:	_ Title:		
Signature:Printed Name:	_ Title:		
Signature:Printed Name:	_ Title:		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	15 K	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		NOV 30	I
All others: Signature of an authorized person.		PM 1:2	リアン
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)	RIDA	

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

	TAME oration shall be: SOFIA INFORMATION	TECHNOLOGY	CONSULTING	, INC
14776	RINCIPAL OFFICE Principal street address FENTHEL COVE ZD WITEL, FL 33762		Mailing address, it	different is:
ARTICLE III PU	<u> </u>	 Plogy Selvi	46 5	
The number of shares	HARES of stock is: /D, 000, 000 @ #0.00 NITIAL OFFICERS AND/OR DIRECTOR		GD ARG MAN	KGINN MEMBELS &
Name and Title	JAMES QUILTY - CEO 14776 FEATHER COVERD CLEARWAGE, FL 33762	Name and Title Address:	311 S. ARR	HEREDIA – COO
Name and Title Address:	SOFIA VICHOS - PRESIDENT 14776 FRATURE COVERS CLEARWATER, FL 33762	Name and Title Address:	MICHAGA 133 OLD A ELLITAY, O	CAMBA - VP BIDGE ED GA 30546
Name and Title Address:			2:	A S S S S S S S S S S S S S S S S S S S
	EGISTERED AGENT a street address (P.O. Box NOT acceptable) o — THES QUILTY 14776 FEATURE COVE PD	_ _	ent is:	MOV 30 PM
ARTICLE VII IN The name and addres Name: Address:	CLEARWATEL, FL 3376Z NCORPORATOR SS of the Incorporator is: JAMES QUILTY 14776 FEATHER COVE RD CLEARWATEL, FL 3376Z	- -		I: 22
this certificate, I am f	as registered agent to accept service of proces amiliar with and accept the appointment as reg	gistered agent and /	agree to act in this	
I submit this docume	Signature/Registered Agent Int and affirm that the facts stated herein are artiment of State constitutes a third degree felon	true. I am aware		ormation submitted in a
			/	

Required Signature/Incorporator