

PI8000014794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

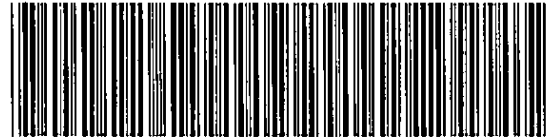
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400308921824

02/13/18--01027--025 **122.50

FILED
2018 FEB 13 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 15 2018
C Kinsey

COVER LETTER

TO: Charter Section
Division of Corporations

HUBB UCS CORP.

SUBJECT: _____
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:

MOUSTAFA ELSEHRAWY

Contact Person

HUBB, LLC

Firm/Company

9675 NW 117TH AVE, SUITE 405

Address

MIAMI, FL 33178

City, State and Zip Code

ADMIN@HUBB.NET

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

For further information concerning this matter, please call:

MOUSTAFA ELSEHRAWY

786

475-1402

at (_____) _____

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input checked="" type="checkbox"/> \$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:
HUBB UCS, LLC

L17-119904

Enter Name of Other Business Entity

LIMITED LIABILITY COMPANY

2. The "Other Business Entity" is a _____
(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)

06/01/2017
on _____
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:**
HUBB UCS CORP.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 02/01/2018

(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.

FILED
2018 FEB 13 PM 3:22
TALLAHASSEE, FLORIDA
6000
6000
6000

Signed this 1ST day of FEBRUARY, 2018.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator:

Printed Name: MOUSTAFA ELSEHRAW Title: CO-FOUNDER

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

Signature: MOUSTAFA ELSEHRAWY CO-FOUNDER

Printed Name: MOUSTAFA ELSEHRAWY Title: CO-FOUNDER

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 HUBB UCS CORP.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

9675 NW 117TH AVE, SUITE 405

Mailing address, if different is:

MIAMI, FL 33178

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Unified Communications Services; to develop and integrate suite of business services to serve US and global companies.

Business Services provided include and not limited to VoIP services, Customer Relationship Management, Online Market, etc.

ARTICLE IV SHARES 10,000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MOUSTAFA ELSEHRAWY, OFFICER

Address: 9675 NW 117TH AVE, SUITE 405

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

Name and Title: JOSE MATTO, OFFICER

Address: 9675 NW 117TH AVE, SUITE 405

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

MIAMI, FL 33178

FILED
2018 FEB 13 PM 3:22
TALLAHASSEE
FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Name: MOUSTAFA ELSEHRAWY
Address: 9675 NW 117TH AVE, SUITE 405
MIAMI, FL 33178

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: MOUSTAFA ELSEHRAWY
Address: 9675 NW 117TH AVE, SUITE 405
MIAMI, FL 33178

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

 02/01/2018
Required Signature/Registered Agent 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.

 02/01/2018
Required Signature/Incorporator Date