

PI8000014794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

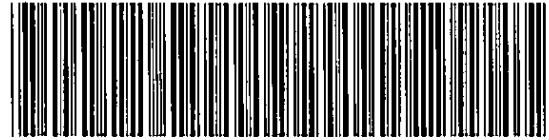
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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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:

- \$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:**

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.)

FLORIDA

first organized, formed or incorporated under the laws of \_\_\_\_\_  
(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

02/01/2018

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_.

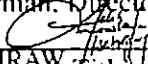
**(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)**

**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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 ELSEHRAWY Title: CO-FOUNDER

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

Signature:   
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  
\_\_\_\_\_

MIAMI, FL 33178  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

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TALLAHASSEE, FLORIDA

**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  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: WILLIE SY, OFFICER  
\_\_\_\_\_

Address: 9675 NW 117TH AVE, SUITE 405  
\_\_\_\_\_

MIAMI, FL 33178  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: ABDELLATIF BEDIER, OFFICER  
\_\_\_\_\_

Address: 9675 NW 117TH AVE, SUITE 405  
\_\_\_\_\_

MIAMI, FL 33178  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: JOSE MATTO, OFFICER  
\_\_\_\_\_

Address: 9675 NW 117TH AVE, SUITE 405  
\_\_\_\_\_

MIAMI, FL 33178  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: 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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

02/01/2018  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

02/01/2018  
\_\_\_\_\_  
Date