71800003551

| (Req | uestor's Name) |
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| • | |
| (City) | 'State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| W [| 7 - 64709 iness Entity Name) |
| (Bus) | mess Enuty Name) |
| (Doc | ument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to F | iling Officer: |
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Office Use Only



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N. CAUSSEAUX AUG 3 2018

COVER LETTER

| то: | Registration Section Division of Corporations | | | | | | |
|---------------|---|--|---------------------------------|----------------|------|---|---|
| SUBJ | ECT: | STREAM | IFLUENCE INC | | | | |
| | | | | of corporation | n - | must include suffix | |
| Dear S | Sir or M | adam: | | | | | |
| "Certi | ficate o | f Existenc | | e of Good Sta | and | ing" and check are sub | et Business in Florida," mitted to register the |
| Please | return | all corresp | ondence concern | ing this matt | er t | o the following: | |
| CLAY | TON M | AMELE | | | | | |
| | | | | Name o | f Po | erson | |
| STRE | AMFLU | ENCE IN | | | | | |
| | | | | Firm/Co | mp | any | |
| 4100 F | PITCH | PINE CIR | | | | | |
| | | | | Add | res | s | |
| OVIED | 00, FL : | 32765 | | | | | |
| | | | | City/State | anc | l Zip code | |
| <u>cmam</u> | ele@str | eamfluen | ce.io | | | | |
| | | | E-mail addres | s: (to be used | fo | r future annual report n | otification) |
| For fu | rther in | formation | concerning this n | natter, please | cal | N: | |
| CLAY | TON MA | AMELE | | at (407 | |) 547 - 6622 | |
| | Name | of Person | 1 | Area Co | de | Daytime Teleph | none Number |
| Enclos | Regis Divisi Clifto 2661 Tallah | tration Secon of Cor on of Cor n Building Executive nassee, FL | porations 3 Center Circle | | | MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl | ection rporations |
| = \$70 |).00 Fil: | ing Fee | S78.75 Filin Certificate | | | \$78.75 Filing Fee & Certified Copy | S87.50 Filing Fee, Certificate of Status & Certified Copy |



July 16, 2018

CLAYTON MAMELE STREAMFLUENCE INC 4100 PITCH PINE CIRCLE OVIEDO, FL 32765

SUBJECT: STREAMFLUENCE INC.

Ref. Number: W18000064709

We have received your document for STREAMFLUENCE INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The alternate name that you have chosen is not available. Please select a new name.

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) 245-6051.

Letter Number: 318A00014537

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| 1. STREAMFLUE (Enter name of c | orporation; must include "INCORPORATED," | "COMPANY." "CORPORATION." | _ |
|-----------------------------------|---|--|---------------------|
| | forp," "Inc," "Co," or "Corp.") | | |
| | | | |
| STREAMFLUE | ENCE FLORIDA INC | | |
| (If name unavail | able in Florida, enter alternate corporate name ad | lopted for the purpose of transacting bu | isiness in Florida) |
| DELAWARE | | 3-0737145 | |
| (State or countr | ry under the law of which it is incorporated) | (FEI number, if applications) | able) |
| MAY 31st, 201 | 8 5 | | |
| (Date | e of incorporation) | (Date of duration, if other than | perpetual) |
| June 7th, 2018 | | | |
| | (Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150 | | |
| . 4400 DITOU DI | | _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| .4100 PITCH PII | NE CIR, OVIEDO, FL 32765 (Principal | office address) | |
| | , | , | - |
| | (Current mailing | address, if different) | 2 70 |
| | | | 2018 AUG |
| 3. Name and stree | et address of Florida registered agent: (P.O. | Box NOT acceptable) | |
| Name: | CLAYTON MAMELE | | |
| | | _ | PH 1: 05 |
| Office Address: | 4100 PITCH PINE CIR | _ | = ? |
| | OVIEDO | , Florida <u>32765</u> | 05 |
| | (City) | (Zip code) | |
| Registered ago | ent's acceptance: | | |
| Having been nam | ed as registered agent and to accept service | • • • | |
| | application, I hereby accept the appointme omply with the provisions of all statutes rel | | |
| | familiar with and accept the obligations of | | erjormunce of my |
| | | 0.4 | |
| | (11T S | 11/2 | |
| _ | \mathcal{N}' | | _ |
| | (Registered ag | ent's signature) | |

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: CLAYTON MAMELE Address: 487 FLORA CREEK CT LAKE MARY, FL 32746 Vice Chairman: ALLEN LINDSAY Address: 4100 PITCH PINE CIR OVIEDO, FL 32765 Director: TAYLOR HARVEY Address: 4100 PITCH PINE CIR OVIEDO. FL 32765 Director: __ **B. OFFICERS** Address: _____ Vice President: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein

are true and that he or she is aware that 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.



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "STREAMFLUENCE INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF MAY, A.D. 2018.





Authentication: 202797777

Date: 05-31-18

6910730 8300 SR# 20183517393

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:00 AM 05 07/2018
FILED 11:00 AM 05 07/2018
SR 20183517393 - File Number 6910730

STATE OF DELAWARE CERTIFICATE OF CONVERSION FROM A LIMITED LIABILITY COMPANY TO A CORPORATION PURSUANT TO SECTION 265 OF THE DELAWARE GENERAL CORPORATION LAW

| 1.) | The jurisdiction where the Limited Liability Company first formed is FLORIDA |
|----------|---|
| 2.) | The jurisdiction immediately prior to filing this Certificate is FLORIDA |
| 3.) | The date the Limited Liability Company first formed is 12/06/2016. |
| 4.) | The name of the Limited Liability Company immediately prior to filing this Certificate is STREAMFLUENCE LLC |
| 5.) | The name of the Corporation as set forth in the Certificate of Incorporation is STREAMFLUENCE INC. |
| IN of | WITNESS WHEREOF, the undersigned being duly authorized to sign on behalf the converting Limited Liability Company have executed this Certificate on the day of, A.D. 2018 |
| | By: WHT M |
| | Name: Clayton Mamele Print or Type |
| | Title: Manager Print or Type |
| | rint of Type |

STATE of DELAWARE CERTIFICATE of INCORPORATION A STOCK CORPORATION

| • First: The name of this Corporation is <u>S</u> | treamFluence Inc. |
|--|---|
| | rect, in the City of Lewes |
| County of Sussex Zip Code | 19958 |
| The registered agent in charge thereof is H | arvard Business Services, Inc |
| Third: The purpose of the corporation is to which corporations may be organized undo Delaware. | o engage in any lawful act or activity for er the General Corporation Law of |
| • Fourth: The amount of the total stock of 10,000,000 shares (numb 50.0001 per share. | this corporation is authorized to issue is er of authorized shares) with a par value of |
| • Fifth: The name and mailing address of Name Clayton Mamele | |
| Mailing Address 4100 Pitch Pine | Circle |
| Oviedo, FL Zip Code 32 | |
| • I, The Undersigned, for the purpose of State of Delaware, do make, file and facts herein stated are true, and I have | of forming a corporation under the laws of the record this Certificate, and do certify that the accordingly hereunto set my hand this A.D. 20 18. |
| 1 | BY: (Incorporator) |
| | NAME: Clayton Mamele (type or print) |
| | (type or print) |