

F18000003551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

W18-64709

(Business Entity Name)

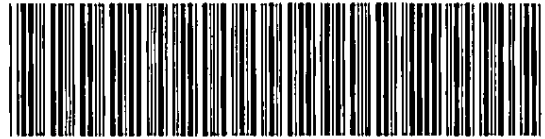
(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
AND BUSINESSES  
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N. CAUSSEAU

AUG 3 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STREAMFLUENCE INC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CLAYTON MAMELE

Name of Person

STREAMFLUENCE INC

Firm/Company

4100 PITCH PINE CIR

Address

OVIEDO, FL 32765

City/State and Zip code

cmamele@streamfluence.io

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

For further information concerning this matter, please call:

CLAYTON MAMELE

at ( 407 ) 547 - 6622

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER 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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee       \$78.75 Filing Fee & Certificate of Status       \$78.75 Filing Fee & Certified Copy       \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 318A00014537

**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. STREAMFLUENCE INC

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

STREAMFLUENCE FLORIDA INC

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE

(State or country under the law of which it is incorporated)

3. 83-0737145

(FEI number, if applicable)

4. MAY 31st, 2018

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. June 7th, 2018

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4100 PITCH PINE CIR, OVIEDO, FL 32765

(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CLAYTON MAMELE

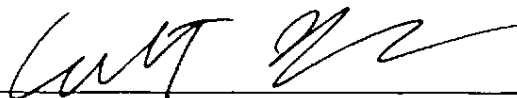
Office Address: 4100 PITCH PINE CIR

OVIEDO, Florida 32765  
(City) (Zip code)

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9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent'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: \_\_\_\_\_

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

**B. OFFICERS**

President: \_\_\_\_\_

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

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

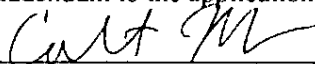
Treasurer: \_\_\_\_\_

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

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CLAYTON MAMELE  
CHAIRMAN

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_

  
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.

13. CLAYTON MAMELE, CHAIRMAN

(Typed or printed name and capacity of person signing application)

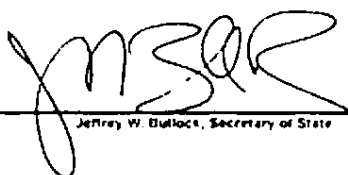
# Delaware

The First State

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.

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SECRETARY OF STATE  
DELAWARE



  
Jeffrey W. Bullock, Secretary of State

6910730 8300

SR# 20183517393

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

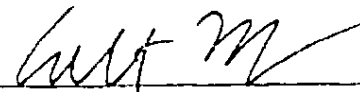
Authentication: 202797777

Date: 05-31-18

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 WITNESS WHEREOF, the undersigned being duly authorized to sign on behalf of the converting Limited Liability Company have executed this Certificate on the 1st day of May, A.D. 2018.

By: 

Name: Clayton Mamele  
Print or Type

Title: Manager  
Print or Type

**STATE of DELAWARE  
CERTIFICATE of INCORPORATION  
A STOCK CORPORATION**

• **First:** The name of this Corporation is StreamFluence Inc.

• **Second:** Its registered office in the State of Delaware is to be located at  
16192 Coastal Hwy Street, in the City of Lewes  
County of Sussex Zip Code 19958.

The registered agent in charge thereof is Harvard Business Services, Inc

**Third:** The purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware.

• **Fourth:** The amount of the total stock of this corporation is authorized to issue is  
10,000,000 shares (number of authorized shares) with a par value of  
\$0.0001 per share.

• **Fifth:** The name and mailing address of the incorporator are as follows:  
Name Clayton Mamele  
Mailing Address 4100 Pitch Pine Circle  
Oviedo, FL Zip Code 32765

• **I, The Undersigned,** for the purpose of forming a corporation under the laws of the State of Delaware, do make, file and record this Certificate, and do certify that the facts herein stated are true, and I have accordingly hereunto set my hand this  
2nd day of May, A.D. 2018.

BY:   
(Incorporator)

NAME: Clayton Mamele  
(type or print)