

P00000057806
TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

700003281517--0
-06/08/00-01059-010
*****78.50 *****78.50

SUBJECT: Converged Solutions Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Nancy Tillman
Name (Printed or typed)

3545 Cypress St Apt 203
Address

Jacksonville, FL 32205
City, State & Zip

(904) 384-0224
Daytime Telephone number

SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

00 JUN -8 AM 7:28

FILED

Nancy Tillman GAVE
AUTHORIZATION BY PHONE TO
CORRECT Art II at IV add mailing address
DATE 6-15-00
DOF EXAM Ca

NOTE: Please provide the original and one copy of the articles.

CC
4-15-00

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Converged Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1893 Rowe Ave Jacksonville, FL 32208

Mailing Address: 3545 Cypress St. Apt. 203, Jacksonville, FL 32205

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide customer care management to companies

ARTICLE IV SHARES

The number of shares of stock is:

one

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

V/D

Nancy Tillmon 3545 cypress st Apt 203 Jacksonville, FL 32205

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Nancy Tillmon 3545 cypress st Apt 203 Jacksonville, FL 32205

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nancy Tillmon
3545 cypress st Apt 203 Jacksonville, FL 32205

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

Nancy Tillmon
Signature/Registered Agent Nancy Tillmon

4/28/00
Date

Nancy Tillmon
Signature/Incorporator Nancy Tillmon

4/28/00
Date

FILED
00 JUN -8 AM 7:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA