# P11000068217

juestor's Name)				
Iress)	<del></del>			
lress)				
(City/State/Zip/Phone #)				
☐ WAIT	MAIL			
iness Entity Nar	me)			
cument Number				
Certificates	s of Status			
iling Officer:	-			
	Iress)  Iress)  IState/Zip/Phon  WAIT  Iness Entity Nair  Certificates			

Office Use Only



500210090275

07/19/11--01013--014 \*\*105.00

SECRETARY OF STATE FALL AHASSEE, FLORIDA

and the second

T. CLINE

JUL 29 2011

EXAMINER



July 20, 2011

BRIAN MAY 235 CATALONIA AVENUE CORAL GABLES, FL 33134

SUBJECT: WHIPPY TECHNOLOGIES, LLC

Ref. Number: W11000038074

We have received your document for WHIPPY TECHNOLOGIES, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

In article v please list the title for each person listed.,

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 411A000171477

## **COVER LETTER**

STRE	ET ADDRES	S.	MAILING A	ADDRESS:		
☑ \$105	5.00 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		
Enclos	ed is a check t	for the following amou	ent:		10A 26	
	Name of Cor	ntact Person	Area Code and Dayti	me Telephone Number	LORA TOTAL	1 N#
Brian			_ ut \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-4260	_ MA 3	gyr, and
For fur	ther informati	on concerning this ma	tter, please call:		2011 JUL 28 PH 1:21 SECRETARY OF STATI	ر ا
					野に	Andreas St.
bmay	3@me.com	be used for future annual r	opert notification)			***************************************
					20 14 14	
	· · · · · · · · · · · · · · · · · · ·	City, State and Zip Code				
Coral	Gables, FL	33134				
		Address				
235 C	atalonia Aver	nue				
		Firm/Company				
Whip	py Technol	ogies, LLC				
Brian	iviay	Contact Person				
Prion I	May					
Please	return all corr	espondence concernin	g this matter to:			
			ticles of Incorporation, fit Corporation" in acc			l
		Name of R	tesulting Florida Profit Corp	poration		
SUBJI	ECT: WHIPE	Y TECHNOLOGIES				
	Division of C	Corporations				
TO:	Registration	Section				

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Registration 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 <u>and attached Articles of Incorporation</u> 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:
WHIPPY TECHNOLOGIES LLC
WHIPPY TECHNOLOGIES, LLC
Enter Name of Other Business Entity
2. The "Other Business Entity" is a limited liability company
(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)
on May 13, 2011
on May 13, 2011  Enter date "Other Business Entity" was first organized, formed or incorporated SSE SSE SSE SSE SSE SSE SSE SSE SSE SS
SS 28
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:
Florida, USA
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>
WHIPPY TECHNOLOGIES, INC.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date:  (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is
filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.
7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

Page 1 of 2

Signed this 11thday of July .	, 20_2011
Required Signature for Florida Profit Corporat Individual signing affirms that the facts stated in the a third degree felony as provided for in s.817.155, h	is document are true. Any false information constitutes
Signature of Chairman, Vice Chairman, Director, Conselected, an Incorporator:  Printed Name: Brian May  Title:	
stated in this document are true. Any false informates.817.155, F.S. [See below for required signature(s).]	s Entity: Individual(s) signing affirm(s) that the facts tion constitutes a third degree felony as provided for in
Signature: Printed Name Man Man	Title: Director
Signature: Printed Name: Juan Gruz	Title: Director
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:  Title:
Signature:Printed Name:	Title:
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	
All others: Signature of an authorized person.	
Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

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

ADTICLE II	orporation shall be: WHIPPY TECHN	·			
ARTICLE II	PRINCIPAL OFFICE				
235 Cat	Principal <u>street</u> address alonia Avenue	Ma	ailing address, if different is:		
	blac El 33134	<del>-</del>			
	ores, FE 33134	<u> </u>			
ARTICLE III	PURPOSE				
	which the corporation is organized is:				
to develop and se	ell desktop, website and mobile software a	pplications.			
ARTICLE IV	SHARES				
The number of sha					
ARTICLE V	INITIAL OFFICERS AND/OR DIR	ECTORS			
	itle: JUAN CRUZ, DIRECTOR	Name and Title:_BF	RIAN MAY, DIRECTOR		
Address:	235 CATALONIA AVENUE		5 CATALONIA AVENUE		
	CORAL GABLES, FL 33134		DRAL GABLES, FL 33134		
			7 Z		
Name and T	itle:	Name and Title:			
Address:		Address:	7 S S		
			TO 7		
			70 PM 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
			N N N		
	itle:				
Address:		Address:			
			i		
		<del></del> <u>-</u>	77 P		
I DOTOT IS THE	PROJOMENEN ACES		<b>→</b>		
	REGISTERED AGENT				
Name:	orida street address (P.O. Box NOT accep	otable) of the registered agent i	is:		
Name: Address:	Mireya Carballosa 235 Catalonia Avenue				
Address:		<del></del>			
	Coral Gables, FL 33134				
ARTICLE VII	INCORPORATOR				
	dress of the Incorporator is:				
	Brian May				
Address:	235 Catalonia Avenue	<del></del>			
Addiess.	Coral Gables, FL 33134				
	COTAT GALLES, I'L 33134				
Havina been nam	ed as registered agent to accept service o	f process for the above stated	l composation at the place decianated		
his certificate. La	m familiar with and accept the appointme	nt as reaistered agent and age	ree to act in this canacity		
$\sim$		/	i		
11 1 1 1 1 1 1 1 1 1 1 1 1 1	un ( Mehalling	5/13/	,		
// / 1/1/1/	the contaction		<u> </u>		
1 july	ired Signature/Registered Agent	Date			
Requ	/				
, (	mout and affirm that the foots stated to	nalse and during I	nd mean falou in fa-cult		
submit this docu	ment and affirm that the facts stated her	rein are true. I am aware tha	at any false information submitted in		
submit this docu	ment and affirm that the facts stated her epartment of State constitutes a third degr	rein are true. I am aware tha ree felony as provided for in s.	at any false information submitted in .817.155, F.S.		
submit this docu	ment and affirm that the facts stated her epartment of State constitutes a third degr	rein are true. I am aware tha ree felony as provided for in s. ./	at any false information submitted in .817.155, F.S. _		
submit this docu	ment and affirm that the facts stated her epartment of State constitutes a third degi	rein are true. I am aware tha ree felony as provided for in s.	at any false information submitted in .817.155, F.S. 3///		