

P13000002448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

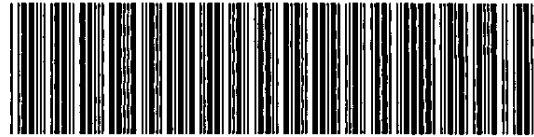
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JAN -7 PM 2:42

Ps 1/8/13

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Connedx Corporation
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:

Ivan Gomez
Contact Person

Connedx Corporation
Firm/Company

10021 N. Kendall Dr. Suite 215
Address

Miami, FL 33176
City, State and Zip Code

ivana@connedx.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IVAN Gomez at (305) 396-9049
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees and Certificate of Status | <input type="checkbox"/> \$113.75 Filing Fees and Certified Copy | <input checked="" type="checkbox"/> \$122.50 Filing Fees, Certified Copy, and Certificate of Status |
|---|---|--|---|

STREET ADDRESS:

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

MAILING ADDRESS:

Charter Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 JAN -7 PM 2:43

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:

Logipay LLC L12000085268
Enter Name of Other Business Entity

2. The "Other Business Entity" is a limited liability Corp.
(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 June 28, 2012
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:

na

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Connex Corporation
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.)

Signed this 3 day of January, 2013 FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Required Signature for Florida Profit Corporation:

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Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

Printed Name: Iber Gomez Title: President

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

Signature: _____
Printed Name: Iber Gomez Title: President

Signature: _____
Printed Name: Joseph Madelon Title: Vice-President

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.

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DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Connex Corporation

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address
10621 N. Kendall Dr. Suite 215
Miami, FL 33176

Mailing address, if different is:
10621 N. Kendall Dr. Suite 215
Miami, FL 33176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ivan Gomez, President Name and Title: Joseph Madalon, Vice President

Address: 10621 N. Kendall Dr. Address: 10621 N. Kendall Dr. Ste 215
Suite 215 Miami, FL 33176 Miami, FL 33176

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Ivan Gomez
Address: 15443 SW 146 Terrace
Miami, FL 33196

ARTICLE VII - INCORPORATOR

The **name and address** of the Incorporator is:

Name:

Ivan Gomez

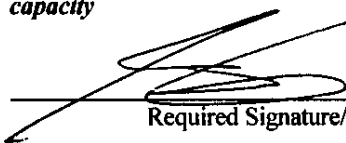
Address:

15443 SW 146 Terrace
Miami, FL 33196

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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

1/2/13

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

1/2/13

Date