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| PICK-UP                                | ☐ WAIT            | MAIL        |
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| Certified Copies                       | Certificates      | s of Status |
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| Special Instructions to                | Filing Officer:   |             |
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Office Use Only



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#### **COVER LETTER**

TO: Charter Section

Tallahassee, FL 32301

Division of Corporations

# SUBJECT. Virtual Force Business Process Solutions Inc

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:

| Brett Sandm                 | an  |   |  |
|-----------------------------|---|---|--|
|                             | Contact Person                                |   |  |
|                             |   |   |  |
|                             | Firm/Company                                  |   |  |
| 2615 NW 29                  | th Dr   |   |  |
|                             | Address                                       |   |  |
| Boca Raton                  | FL 33434                                      |   |  |
| C                           | ity, State and Zip Code                       |   |  |
| investmente                 | x24@aol.com                                   | 1                                       |  |
| E-mail address: (to         | be used for future annual r                   | eport notification)                     |  |
| For further informati       | on concerning this ma                         | tter, please call:                      |  |
| Brett Sandm                 | an  | at (561 ) 8                             | 366-6098   |
| Name of Con                 | tact Person                                   | <del></del>                             | aytime Telephone Number  |
| Enclosed is a check f       | for the following amou                        | int:                                    |  |
| <b>\$105.00</b> Filing Fees | S113.75 Filing Fees and Certificate of Status | □\$113.75 Filing Fee and Certified Copy | es \$\int \\$122.50\$ Filing Fees, Certified Copy, and Certificate of Status |
| STREET ADDRES               | <u>S:</u>                                     | MAILIN                                  | G ADDRESS:   |
| Charter Section             |   | Charter Se                              |  |
| Division of Corporat        | ions  |   | of Corporations  |
| Clifton Building            |   | P. O. Box                               |  |
| 2661 Executive Cent         | er Circle                                     | Tallahasse                              | ee, FL 32314   |

## **Certificate of Conversion**

For

### "Other Business Entity"

Into

#### Florida Profit Corporation

FILED SECRETARY OF STATE DIVISION OF CORPOSATIONS

2013 DEC 13 PM 2:51

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.

| of Conversion is:  Virtual Force Business Process Solu   | tions Inc Loyooo  |
|--|---|
| Enter Name of Other Business E   | Entity  |
| 2. The "Other Business Entity" is a Limited Liability  | y Company   |
| (Enter entity type. Example: limited liability comp<br>general partnership, common law or busi   | any, limited partnership,   |
| first organized, formed or incorporated under the laws of FI   | orida   |
| (Enter state, or if a non-U.S. entity, the nam   | e of the country)   |
|  |   |
| <sub>m</sub> 01-06-2004  |   |
| on 01-06-2004  Enter date "Other Business Entity" was first organized  | ed, formed or incorporated  |
| on O1-06-2004  Enter date "Other Business Entity" was first organized.  3. If the jurisdiction of the "Other Business Entity" was char the laws of which it is now organized, formed or incorporated.  | nged, the state or country under  |
| 3. If the jurisdiction of the "Other Business Entity" was char   | aged, the state or country under d:                                     |
| <ul><li>3. If the jurisdiction of the "Other Business Entity" was char the laws of which it is now organized, formed or incorporated</li><li>4. The name of the Florida Profit Corporation as set forth in</li></ul>   | aged, the state or country under d: the attached Articles of            |
| <ul> <li>3. If the jurisdiction of the "Other Business Entity" was char the laws of which it is now organized, formed or incorporated</li> <li>4. The name of the Florida Profit Corporation as set forth in Incorporation:</li> </ul>   | the attached Articles of  |
| <ol> <li>If the jurisdiction of the "Other Business Entity" was char the laws of which it is now organized, formed or incorporated</li> <li>The name of the Florida Profit Corporation as set forth in Incorporation:</li> <li>Virtual Force Business Process Solut</li> </ol> | aged, the state or country under d: the attached Articles of tions Inc. |

| Signed this 12 day of December  | , 20 013 FILEU<br>SECRETARY OF STATE<br>JIVISION OF CORPORATIONS |  |  |
|---|--|--|--|
| Required Signature for Florida Profit Corporat  | ion: 2813 DEC 13 PM 2:51   |  |  |
| Signature of Chairman, Vice Chairman, Director, Cheen selected, an Incorporator:  Printed Name: Brett Sandman  Title: | Officer or if Directors on Officers become                       |  |  |
| Required Signature(s) on behalf of Other Business signature(s).]  |  |  |  |
| Signature: Printed Name: Brett Sandman  | Title: President   |  |  |
| Signature:Printed Name:   | Title:   |  |  |
| Signature:Printed Name:   |  |  |  |
| Signature: Printed Name:  |  |  |  |
| Signature:Printed Name:   |  |  |  |
| Signature:  |  |  |  |
| Printed Name:  If Florida General Partnership or Limited Liability  |  |  |  |
| 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: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:  | \$35.00<br>\$70.00<br>\$8.75 (Optional)<br>\$8.75 (Optional)     |  |  |

# ARTICLES OF INCORPORATION SECRE TARY OF STATE In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) OF CORPORATIONS

| ARTICLE I                               |   |   |
|---|---|---|
| The principal                           | place of business/mailing address is:   |   |
| 2615 NW 29th Dr                         | Principal street address  | Mailing address, if different is:       |
| Boca R                                  | aton FL 33434   |   |
| The purpose                             | II PURPOSE for which the corporation is organized is: eral purpose this business wa | as organized is to engage in any lawful |
|   |   | nized under the State laws of Florida.  |
|   |   | wers granted to a corporation under     |
| • | s of the State of Florida.  | tropo grantou to a corporation areas    |
| ARTICLE                                 |   | RECTORS  Name and Title:  Address:      |
|   | Boca Raton FL 33434   |   |
| Name and Ti                             | resident  | Name and Title:                         |
| Address:                                |   | Address:                                |
| Name and Ti                             | itle:   | Name and Title:                         |
| Address:                                |   | Address:                                |
| ARTICLE                                 |   | contable) of the registered agent is:   |
|   | d Florida street address (P.O. Box NOT ac   | reputation of the registered agent is.  |
| Name .                                  | MIKE HIOMBON  |   |
| Name: Address:                          | Mike Thompson 7351 Wiles Rd   |   |

| ARTICLE The name        | E VII INCORPORATOR and address of the Incorporator is:   | FILED<br>SECRETARY OF STATE<br>DIVISION OF CORPORATION   |
|-------------------------|--|--|
| Name:                   | Brett Sandman  |  |
| Address:                | 2615 NW 29th Dr  | 2013 DEC 13 PM 2: 51   |
| 7 (44) (55)             | Boca Raton FL 33434  |  |
|                         | een named as registered agent to accept service of proclin this certificate, I am familiar with and accept the appo            |  |
|                         | Required Signature/Registered Agent  | Date   |
| I submit t<br>submitted | this document and affirm that the facts stated herein a<br>in a docu <u>m</u> ent to the Department of State constitutes a thi | re true. I am aware that any false information rd degree felony as provided for in s.817.155, F.S. |
|                         | 1 /1   | 12-12-2013   |
|                         | Required Signature/Incorporator  | Date   |
|                         |  |  |