

PI4000019358

(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



800256839808

02/18/14--01024--003 **122.50

FILED
14 FEB 28 PM 4:10
TALLAHASSEE, FLORIDA
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

11141-10894

MD 3/3

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: P.C.Xperience Multi-Serivce 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:

Junior Seide

Contact Person

PCXpress Multi-Service LLC

Firm/Company

542 NE 137th Street

Address

North Miami, FL 33161

City, State and Zip Code

Support@pcxms.info

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

For further information concerning this matter, please call:

Sheron Charles

Name of Contact Person

at (407) 433-3142

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$105.00 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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2014

JUNIOR SEIDE
PCXPRESS MULTI-SERVICE LLC
542 N.E.137TH STREET
NORTH MIAMI, FL 33161

SUBJECT: P.C.XPERIENCE MULTI-SERVICE INC.
Ref. Number: W14000010894

We have received your document for P.C.XPERIENCE MULTI-SERVICE INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filings its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of 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) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 614A00003763

Attention: Maryanne Dickey

Ref. Number: W14000010894

Letter Number: 614A00003763

Inside this envelope is all the corrected document that is need to finish processing the conversion.

Thank you,

Junior Seide

Pcxpress Multiservice LLC

P.O.Box 101058

Fort Lauderdale, FL 33310

Phone: 407-705-8979

Fax: 954-301-0350

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

FILED
14 FEB 28 PM 4:10
TALLAHASSEE, FLORIDA
STATE

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:

PCXpress Multi-Service LLC. L1200000186211
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 February 8th, 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:

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

P.C.Xperience Multi-Service 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.)

Signed this 25th day of February, 2014.

Required Signature for Florida Profit Corporation:

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

Printed Name: Junior Seide Title: President

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

Signature: _____
Printed Name: Junior Seide Title: Managing Member

Signature: _____
Printed Name: Sharon Charles Title: Managing Member

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. (Profit)

ARTICLE I NAME
The name of the corporation shall be: P.C.Xperience Multi-Serivce INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailling address is:

Principal street address

542 NE 137th Street
North Miami, FL 33161

Mailing address, if different is:

P.O. Box 101058
Fort Lauderdale, FL 33310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

We want to expand and include different branches of businesses
under the one Corporation.

ARTICLE IV SHARES
The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Junior Seide P
Address: P.O. Box 101058
Fort Lauderdale, FL 33310

Name and Title: Sheron Charles V
Address: P. O. Box 101058
Fort Lauderdale, FL 33310

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Sheron Charles
Address: 542 NE 137th Street
North Miami, FL 33161

FILED
14 FEB 28 PM 4:10
CLERK OF DISTRICT COURT
STATE OF FLORIDA

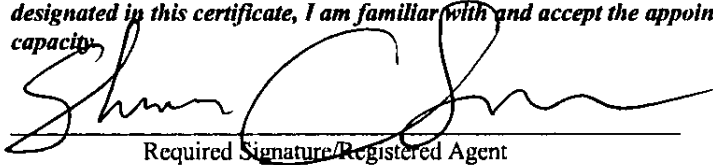
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Junior Seide
Address: 542 NE 137th Street
North Miami, FL 33161

FILED
14 FEB 28 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

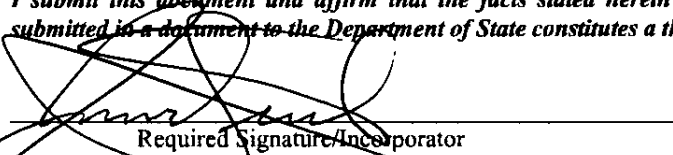


Required Signature/Registered Agent

02/25/2014

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

02/25/2014

Date