

P140000025002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

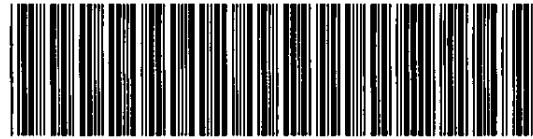
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

B W1400009405  
2/12/14  
B 3/20/14



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR 19 PM 2:25

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** CROSS EYED CODE 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:

JASON MATVIAK  
Contact Person

CROSS EYED CODE SOLUTIONS  
Firm/Company

14049 SPRUCE CREEK LANE  
Address

ORLANDO, FL 32828  
City, State and Zip Code

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

For further information concerning this matter, please call:

JASON MATVIAK at ( 407 ) 745-1822  
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<br>and Certificate of<br>Status | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certified Copy | <input checked="" type="checkbox"/> \$122.50 Filing Fees,<br>Certified Copy, and<br>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

February 26, 2014

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

SUBJECT: CROSS EYED CODE SOLUTIONS, INC.

Ref Number: W14000009405

To whom it may concern,

In accordance with the letter sent by the New Filings Section, I have filed and paid the annual report with the Department of the State through December 31 of this calendar year, 2014.

Enclosed is the original and copy of the document along with the copy of the original letter per your request. No changes were made as the correction was to file and pay the annual report.

Sincerely,



Jason Matviak

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

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:

CROSSEYED CODE SOLUTIONS, LLC - 411000411  
Enter Name of Other Business Entity 337

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 September 28, 2011  
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:**

CROSS EYED CODE SOLUTIONS, INC.  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: ~~amended~~  
(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.)

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Signed this 25 day of JANUARY, 20 14.

**Required Signature for Florida Profit Corporation:**

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

Printed Name: JASON MATVIK Title: CHAIRMAN

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

Signature: [Signature]

Printed Name: JASON MATVIK Title: MANAGER

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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)

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**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: CROSS EYED CODE SOLUTIONS, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address	Mailing address, if different is:
<u>14049 SPRUCE CREEK LANE</u>	_____
<u>ORLANDO, FL 32828</u>	_____
_____	_____

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROVIDER OF SOFTWARE DEVELOPMENT SOLUTIONS.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 10

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>JASON MATVIK (DIRECTOR)</u>	Name and Title: _____
Address: <u>14049 SPRUCE CREEK LANE</u>	Address: _____
<u>ORLANDO, FL 32828</u>	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

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**ARTICLE VI REGISTERED AGENT**

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

Name: JASON MATVIK

Address: 14049 SPRUCE CREEK LANE

ORLANDO, FL 32828

**ARTICLE VII INCORPORATOR**

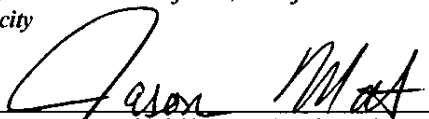
The **name and address** of the Incorporator is:

Name: JASON MATVIK

Address: 14049 SPRUCE CREEK LANE  
ORLANDO, FL 32828

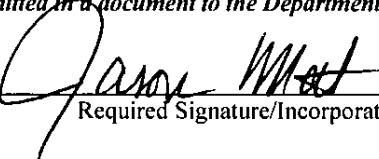
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

1/25/2014  
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

1/25/2014  
Date

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