

P14000070771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

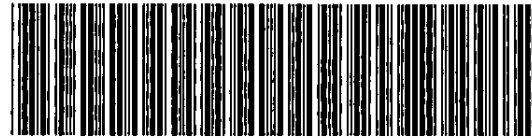
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Tried to call 8/25/14.*

*W14-22678*

Office Use Only



800258162918

08/25/14--01006--024 \*\*61.25

03/26/14--01010--012 \*\*43.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 AUG 20 PM 1:27

APPROVED  
AND  
FILED

*VH*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 9, 2014

CORAL MISSILDINE  
239 AMELIA LANE  
SANTA ROSA BEACH, FL 32459

SUBJECT: SOA SECURE, LLC  
Ref. Number: W14000022678

We have received your document for SOA SECURE, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The proper forms are enclosed.

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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 314A00007650

COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: SOA SECURE, 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:

KIRBY CLEMENTS  
Contact Person

SOA SECURE, INC.  
Firm/Company

239 AMELIA LANE  
Address

SANTA ROSA BEACH, FL 32459  
City, State and Zip Code

K.clements@soasecure.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol Missildine at ( 850 ) 231-2792  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$105.00 Filing Fees	<input type="checkbox"/> \$113.75 Filing Fees	<input type="checkbox"/> \$113.75 Filing Fees	<input type="checkbox"/> \$122.50 Filing Fees,
<u>-4375</u>	and Certificate of	and Certified Copy	Certified Copy, and
<u>61.25</u>	Status		Certificate of Status

Bal

**STREET ADDRESS:**  
New Filings Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
New Filings Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

SOA SECURE, LLC - L10000114381  
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 11/3/10  
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: N/A

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

SOA SECURE, 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.)

APPROVED  
AND  
FILED

X Signed this 18th day of August, 2014 AUG 20 PM 1:27

**Required Signature for Florida Profit Corporation:**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Printed Name: KIRBY CLEMENTS Title: PRESIDENT

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

Signature: [Signature]

Printed Name: KIRBY CLEMENTS Title: MANAGING PARTNER

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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AND  
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# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 14 AUG 20 PM 1:27

## ARTICLE I NAME

The name of the corporation shall be:

SOA SECURE, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

239 Amelia Lane

Santa Rosa Beach, FL 32459

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

COMPUTER PROGRAMMING and Sales.

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kirby Clements, President

Name and Title: Liza Clements, Vice President

Address: 239 Amelia Lane

Address: 239 Amelia Lane

Santa Rosa Beach, FL 32459

Santa Rosa Beach, FL 32459

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: KIRBY CLEMENTS

Address: 239 Amelia Lane

Santa Rosa Beach, FL 32459

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

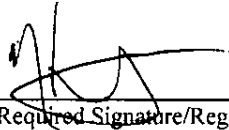
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kirby Clements  
Address: 239 Amelia Lane  
Santa Rosa Beach, FL 32459

\*\*\*\*\*

*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*

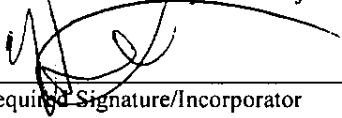


\_\_\_\_\_  
Required Signature/Registered Agent

8-18-2014

\_\_\_\_\_  
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

8-18-2014

\_\_\_\_\_  
Date