

P14000084341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

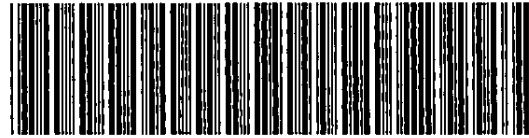
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600264005846

09/29/14--01027--011 **122.50

14 OCT 13 PM 2:28
RECEIVED
TOLAHASCOE FILIPINA

WA-60348

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: QED IT SERVICES 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:

DONALD M. KICEINA
Contact Person

QED IT SERVICES
Firm/Company

1216 EAST LAKE DR.
Address

TARPON SPRINGS, FL 34688
City, State and Zip Code

DONKICEINA@VERIZON.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONALD KICEINA at (727) 222-8226
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:
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

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:

QED IT SERVICES, LLC LOR000072568
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 ~~THE~~ JULY 28, 2009 AND REINSTATED ON 9/27/2011
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:**

QED IT SERVICES, 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.)

14 OCT 13 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 26th day of SEPTEMBER, 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: Donald M. Kiceina

Printed Name: DONALD M. KICEINA Title: ~~DIRECTOR~~ CHAIRMAN

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

Signature: Donald M. Kiceina

Printed Name: DONALD M. KICEINA Title: MANAGER

Signature: Teresa A. Kiceina

Printed Name: TERESA A. KICEINA 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: QED IT SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

1216 EAST LAKE DRIVE, TARPON SPRINGS,
FL 34688

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDING PROJECT MANAGEMENT AND OTHER INFORMATION
TECHNOLOGY SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DONALD M. KICEINA, ^{CHAIRMAN} Name and Title: TERESA A. KICEINA, SECRETARY

Address: 1216 EAST LAKE DR
TARPON SPRINGS, FL 34688

Address: 1216 EAST LAKE DR
TARPON SPRINGS, FL 34688

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: DONALD M. KICEINA

Address: 1216 EAST LAKE DR
TARPON SPRINGS, FL 34688

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

DONALD M. KICEINA

Address:

1216 EAST LAKE DR

TARPON SPRINGS, FL 34688

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

Donald M. Kiceina

Required Signature/Registered Agent

9/26/2014

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.

Donald M. Kiceina

Required Signature/Incorporator

9/26/2014

Date

RECEIVED
STATE
TALLAHASSEE, FL 32304

14 OCT 13 PM 2:23