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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: SQ | UAREFACTO | R, INC. | |
|----------------------|--|---------------------------------------|--|
| | (PROPOSED CORPORA | ATE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | ginal and one (1) copy of the ar | ticles of incorporation and | d a check for: |
| | \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| | | ADDITIONAL COPY REQUIR | |
| FROM: | | e (Printed or typed) | |
| | | Address | |
| | City | , State & Zip | |
| | Daytime 7 | Celephone number | · · · · · · · · · · · · · · · · · · · |
| | E-mail address: (to be use | ed for future annual report | notification) |

NOTE: Please provide the original and one copy of the articles.

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

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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: SQUAREFACTOR, LLC Enter Name of Other Business Entity 2. The "Other Business Entity" is a LLC (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) 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:** SQUAREFACTOR, 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 thisday of | , 20 |
|--|-----------------------------------|
| Required Signature for Florida Profit Corpora | tion: |
| Signature of Chairman, Vice Chairman Director, been selected, an Incorporator: | |
| Printed Name: BILL EVANS Title: | PRESIDENT |
| | |
| Required Signature(s) on behalf of Other Busines signature(s). | s Entity: [See below for required |
| 18 | |
| Signature: | |
| Signature: Printed Name: BILL EVANS | Title: PRESIDENT |
| Signature: | |
| Signature: | Title: |
| | |
| Signature:Printed Name: | Title: |
| | |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Si-matura. | |
| Signature:Printed Name: | Title |
| | Truc. |
| <u>lf Florida General Partnership or Limited Liabili</u> | ty Partnership: |
| Signature of one General Partner. | |
| If Florida Limited Partnership or Limited Liabili | ty Limited Partnershin: |
| Signatures of ALL General Partners. | |
| 16 Ph. 21 - 1 2 2 2 1 2 2 2 2 2 | |
| If Florida Limited Liability Company: Signature of a Member or Authorized Representative | |
| organism of a freehoor of Franchized 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)

| The name of the corpora | ME SQUAREFACT | OR, INC | <u> </u> |
|---|---|---|---|
| | Principal street address Westmonte Drive | | Mailing address, if different is: |
| Suite 311 | vestinonite brive | • | |
| | Springs, FL 32714 | | |
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| | the trans | | |
| <u>.</u> | shall have all the powers enumera | | |
| | exists and as hereafter amended | , and all suc | n other powers as are permitted |
| by applicab | le law. | | |
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| | | | |
| ARTICLE IV SHA The number of shares of | stock is: 1200 | | |
| | | | |
| ARTICLE V INT | Milliam S. Evans Directors | _ | Shawn P. Makinson, Director |
| Name and Title | | Ivanic and Time | · |
| Address | 554 Cidermill Pl. | Address: | 835 Highland Court |
| | Lake Mary, FL | | Mt. Dora, FL |
| | 32746 | | 32757 |
| Name and Title | | Name and Title | |
| Address | | Address: | |
| | | | |
| | | | |
| | | | |
| Name and Title: | | Name and Title | |
| Address | | Address: | |
| | | | |
| | | | *************************************** |

| Name a | and Title: Name and Title | ** |
|------------------|---|--|
| Addres | Address: | |
| | | |
| ARTICLE VI | | |
| The name and | Florida street address (P.O. Box NOT acceptable) of the registered ag | ent is: |
| Name: | William S. Evans | |
| Address: | 222 South Westmonte Drive, Suite 311 | |
| | Altamonte Springs, FL 32714 | |
| ARTICLE VII | I INCORPORATOR address of the Incorporator is: | |
| Name: | William Evans | |
| Address: | 222 S. Westmonte Dr. Ste. 311 | |
| | Altamonte Springs, FL 32714 | |
| | amed as registered agent to accept service of process for the above st I am familiar with and accept the appointment as registered agent and | |
| 19 | | 12 / 30 / 2014 |
| V | Required Signature/Registered Agent | Date |
| I submit this do | ocument and affirm that the facts stated herein are true. I am aware Department of State constitutes a third degree felony as provided for | e that the false information submitted in a in s.817.155, F.S. |
| | | 12 / 30 / 2014 |
| | Required Signature/Incorporator | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 23, 2014

BILL EVANS 222 SOUTH WESTMONTE DRIVE, SUITE 311 ALTAMONTE SPRINGS, FL 32714

SUBJECT: SQUAREFACTOR, INC. Ref. Number: W14000076135

We have received your document for SQUAREFACTOR, 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):

You must list at least one incorporator with a complete business street address.

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.

Christine Haney Regulatory Specialist II New Filing Section

Letter Number: 414A00027153

The state of the s



January 19, 2015

Attention: Christine Haney Florida Department of State Division of Corporations New Filing Section P.O. Box 6327 Tallahassee, FL 32314

Re: Squarefactor, Inc.

Ref. Numbebr: W15000001063

Dear Christine Haney:

This letter is in response to the notice dated January 7, 2015 sent by your office concerning the above referenced taxpayer.

Per the phone conversation with the agent from your office, we have updated the effective date on Certificate of Conversion to be blank as it will be determined by your office. We have also included a copy of the Article of Incorporation for your review.

Thank you for your assistance in this matter. If you require any further information, please do not hesitate to contact me at 407-843-5406.

Sincerely,

Maria Novotny, CPA



RECEIVED 15 JAN 29 PH 3: 02

SECRETARY OF STATE TALLAHASSEELFLORIZA

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 7, 2015

BILL EVANS 554 CIDERMILL RD LAKE MARY, FL 32746.

SUBJECT: SQUAREFACTOR, INC. Ref Number: W15000001063

We have received your document for SQUAREFACTOR, 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):

PLEASE CORRECT YOUR EFFECTIVE DATE.

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.

Christine Haney Regulatory Specialist II New Filing Section

Letter Number: 815A00000303