# P 15000012609

| (Re                       | questor's Name)   |           |
|---------------------------|-------------------|-----------|
| (Add                      | dress)            |           |
| (Add                      | dress)            |           |
| (Cit                      | y/State/Zip/Phone | e #)      |
| PICK-UP                   | WAIT              | MAIL      |
| (Bus                      | siness Entity Nan | ne)       |
| (Do                       | cument Number)    |           |
| Certified Copies          | _ Certificates    | of Status |
| Special Instructions to I | Filing Officer:   |           |
|                           |                   |           |
|                           |                   |           |
|                           |                   |           |

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December 8, 2014

BRYAN ANDERSEN 3G1V 5133 W IDLEWOOD AVE TAMPA, FL 33634

SUBJECT: 3G1V INC

Ref. Number: W14000073096

We have received your document for 3G1V INC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Required signature for Florida profit corporation on page 2.,

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 414A00025855

#### **COVER LETTER**

| Division of C   | Corporations  |   |  |
|---|---|---|--|
| SUBJECT: 3G   | 1V Inc  |   | •  |
| Bellett.  | Name of Resultir                                      | ng Florida Profit Corporation   | on   |
|   | •   | -   | , and fees are submitted to<br>tion" in accordance with                |
| Please return all com   | respondence concernin                                 | g this matter to:   | •  |
| Bryan Anderser  | ı   |   |  |
|   | Contact Person  |   |  |
| 3G1V  |   |   |  |
|   | Firm/Company  |   |  |
| 5133 W. Idlewild  | d Ave.  |   | -  |
|   | Address   | <del></del>   |  |
| Tampa, Fl 33634   | <b>L</b>  |   |  |
| (   | City, State and Zip Code                              |   |  |
| bryan@3g1v.com  | 1   |   |  |
| E-mail address: (to   | be used for future annual r                           | report notification)  | -  |
| For further informat  | ion concerning this ma                                | tter, please call:  |  |
| Bryan Andersen  |   | at ( 813 ) 77   | 77-7976  |
| Name of Co  | ntact Person  | Area Code and Dayt  | ime Telephone Number   |
| Enclosed is a check   | for the following amou                                | ınt:  |  |
| □ \$105.00 Filing Fees  | ■\$113.75 Filing Fees<br>and Certificate of<br>Status | ☐\$113.75 Filing Fees and Certified Copy                                  | ☐\$122.50 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |
| STREET ADDRES New Filings Section Division of Corpora Clifton Building 2661 Executive Cen | tions   | MAILING A<br>New Filings<br>Division of C<br>P. O. Box 63<br>Tallahassee, | Section<br>Corporations<br>27  |

Tallahassee, FL 32301

#### **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 Certific of Conversion is:   | ate       |         |
|---|-----------|---------|
| 3G1VLLC _ L/ 20010 S23/C  | ·•        |         |
| 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 04/18/2012   |           |         |
| 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 und<br>the laws of which it is now organized, formed or incorporated:   | er        | tif9    |
| 4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of</u> Incorporation:  | 14 DEC -9 | Views & |
| 3G1V, Inc   | 7         | WITT.   |
| Enter Name of Florida Profit Corporation  | . 1:0     |         |
|   |           | a li    |
| 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; <u>AND</u> 2) must be the same as the effective date is liseffective date in the date is liseffective date in the date in the date is liseffective date in the date in the date in the date is liseffective date in the date in the date in the date is liseffective date. |           |         |
| therein.)   |           |         |

| Signed thisday ofDecember   | , 20_14  |
|---|--|
| Required Signature for Florida Profit Corporation   | on:  |
| Signature of Chairman, Vice Chairman, Director, O been selected, an Incorporator:  Printed Name: Bryan Andersen  Title: |  |
| Required Signature(s) on behalf of Other Business   | Entity: [See below for required                              |
| Signature: Printed Name: Blyan Andersen   | Title: CEO, Director   |
| : Xi I 1/1/1/1/1/   | Thie. OLO, Director  |
| Signature: Printed Name: Richard Nelson   | Title: COO, Director   |
| Signature:  | Title: CFO , Director  |
| Signature: Printed Name:  | Title:   |
| Signature:Printed Name:   | Title:   |
| Signature:Printed Name:   | Title:   |
| If Florida General Partnership or Limited Liability Signature of one General Partner.                                   | Partnership:   |
| If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.                          | Limited Partnership:   |
| If Florida Limited Liability Company: Signature of a Member or Authorized Representative.                               |  |
| All others: Signature of an authorized person.  | -  |
| Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:    | \$35.00<br>\$70.00<br>\$8.75 (Optional)<br>\$8.75 (Optional) |

# ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| The name of        | f the corporation shall be: 3G1V, Inc                                 |                                       |
|--------------------|---|---------------------------------------|
| <u>ARTICLE</u>     |   |                                       |
|                    | Principal street address  | Mailing address, if different is:     |
| 5133 V             | V. Idlewild Ave.  |                                       |
| Tampa,             | Florida 33634-8023  |                                       |
| The purpos         | III PURPOSE e for which the corporation is organized is: wful Purpose | -                                     |
|                    |   |                                       |
| ARTICLE The number | of shares of stock is: 25,000,000                                     | e Value = \$0.001.                    |
|                    |   | Name and Title:                       |
| Address:           | 5133 W. Idlewild Ave  | Address:                              |
|                    | Tampa, FI 33634-8023  |                                       |
| Name and 1         | Richard Nelson COO / Directo  |                                       |
| Address:           | 5133 W. Idlewild Ave  | Address:                              |
|                    | Tampa, FI 33634-8023  | <u>→</u> 33                           |
| Name and 1         | Fitle: Martin Hodges CFO / Director                                   | Name and Title:                       |
| Address:           | 5133 W. Idlewild Ave  | Address:                              |
|                    | Tampa, FI 33634-8023  |                                       |
| ARTICLE The name a | VI REGISTERED AGENT  nd Florida street address (P.O. Box NOT acce     | · · · · · · · · · · · · · · · · · · · |
| Name:              | Bryan Andersen  | <del>-</del> ,                        |
| Address:           | 7951 Citrus Garden Dr. #103   |                                       |
|                    | Tampa, Fl 33626   |                                       |

| ARTICLE The name a | INCORPORATOR and address of the Incorporator is:                                     |              |        |
|--------------------|--|--------------|--------|
| Name:              | Bryan Andersen   |              |        |
| Address:           | 7951 Citrus Garden Dr. #103  | •            |        |
|                    | Tampa FI, 33626  |              |        |
|                    |  |              |        |
| ******             | ***********  | *******      | ****   |
| designated.        | n named as registered agent to accept<br>in this certificale, I am familiar with and |              |        |
| capacity           | TOOL   | ·            | 2/4/15 |
|                    | Required Signature/Registered Agent  |              | Date   |
|                    | is document and affirm that the facts<br>n a document to the Department of State o   |              |        |
|                    | MOU  |              | 2/6/15 |
|                    | Required Signature/Incorporator  | <del>.</del> | Date   |