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| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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COVER LETTER

TO: Charter Section

Division of Corporations

SUBJECT: SEND US A TECH, CORP.

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:

RAFAEL MENDIBLE

Contact Person

BRINGABOUT, INC

Firm/Company

6205 BLUE LAGONN DR. STE 130

Address

MIAMI FL 33126

City, State and Zip Code

INFO@BRINGABOUT.US

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAEL MENDIBLE

_{ar} 305

655-1589

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

S105.00 Filling Foos

■\$113.75 Filing Fees and Certificate of Status

113.75 Filing Fees and Certified Copy

☐\$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

"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: SEND US A TECH, LLC L140001626 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 10/20/2014 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 up 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:

SEND US A TECH, CORP.

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 this 02 day of DECEMBER | . 20 14 |
|--|--|
| Required Signature for Florida Profit Corporati | on: |
| Signature of Chairman, Vice Chairman, Director, Obeen selected, an Incorporator: | officer, or, if Directors or Officers have not |
| Printed Name: RAFAEL MENDIBLE Title: | INCORPORATOR |
| Required Signature(s) on behalf of Other Business signature(s).] | |
| Signature: after the Manual A | (C) A MANAGEMENT AND |
| Signature: AMIT SEDAKA Printed Name: AMIT SEDAKA Signature: Printed Name: DANIEL MARCOVITZ | Title: MANAGING MEMBER |
| Printed Name: DANIEL MARCOVITZ | Title: MANAGING MEMBER |
| · · | |
| Signature: Printed Name: | Title: |
| | |
| Signature: | Tist |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | _ Title: |
| Signature: | |
| Signature: Printed Name: | Title: |
| If Florida General Partnership or Limited Liabilit Signature of one General Partner. If Florida Limited Partnership or Limited Liabilit Signatures of A.I.I. General Partners | |
| 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: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status: | \$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional) |

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

| he principal place of husiness/mailing address is: | |
|--|--|
| Principal street address | Mailing address, if different is |
| 3300 NE 192 STREET, STE 713 | |
| AVENTURA, FL 33180 | |
| RTICLE III PURPOSE the purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINI | |
| | |
| RTICLE IV SHARES 1,000 is number of shares of stock is: | |
| RTICLE V INITIAL OFFICERS AND/OR | DIRECTORS |
| | |
| ame and Title: AMIT SEDAKA, PID | Name and Title: |
| 3300 NE 192 STREET, STE 75 | 13 |
| 3300 NE 192 STREET, STE 71 | Address: |
| AVENTURA, FL 33180 | Address: |
| AVENTURA, FL 33180 ame and Title: DANIEL MARCOVITZ, VPS 19111 COLLINS AVE. APT. 170 | Address: Name and Title: |
| AVENTURA, FL 33180 ame and Title: DANIEL MARCOVITZ, VPS 19111 COLLINS AVE. APT. 170 | Address: Name and Title: Address: O |
| AVENTURA, FL 33180 ame and Title: DANIEL MARCOVITZ, VPS ddress: 19111 COLLINS AVE. APT. 170 | Address: Name and Title: Address: Address: |
| ddress: 3300 NE 192 STREET, STE 71 AVENTURA, FL 33180 DANIEL MARCOVITZ, VPS ddress: 19111 COLLINS AVE. APT. 170 MIAMI BEACH, FL 3316 | Address: Name and Title: Address: Address: |
| ame and Title: AVENTURA, FL 33180 | Address: Name and Title: Address: Name and Title: |
| ame and Title: ddress: AVENTURA, FL 33180 | Address: Name and Title: Address: Name and Title: Address: |
| ame and Title: ddress: DANIEL MARCOVITZ, VPS 19111 COLLINS AVE. APT. 170 MIAMI BEACH, FL 3316 ame and Title: ddress: RTICLE VI REGISTERED AGENT no name and Florida street address (P.O. Box NOT | Address: Name and Title: Address: Name and Title: Address: |
| ame and Title: ddress: 3300 NE 192 STREET, STE 71 AVENTURA, FL 33180 DANIEL MARCOVITZ, VPS ddress: 19111 COLLINS AVE. APT. 170 MIAMI BEACH, FL 3316 ddress: ddress: | Address: Name and Title: Address: Name and Title: Address: |

ARTICLE VII INCORPORATOR

| The 1 | iame and | <u>address</u> | of the | Incorporator | is: |
|-------|----------|----------------|--------|--------------|-----|
|-------|----------|----------------|--------|--------------|-----|

Name:

RAFAEL MENDIBLE

Address:

6205 BLUE LAGOON DR. STE. 130

MIAMI, FL 33126

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

Godfind Santyur/Baditavad Again

12/02/2014

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 Symature Incorporator

12/02/2014

Date

SEGRETARY OF STATE