

PIS000020999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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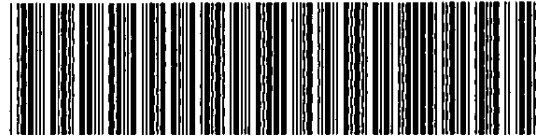
(Business Entity Name)

(Document Number)

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

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
15 MAR -4 AM 10:56  
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FILED  
15 MAR -4 AM 8:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE:** 3/4/15

**NAME:** NGENEYES INC.

**TYPE OF FILING:** CONVERSION

**COST:** 105.00

**RETURN:** PLAIN COPY PLEASE

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*Abbie Hodge*

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**FILED**  
**15 MAR -4 AM 8:20**  
**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:

**nGeneYes Inc.**

Enter Name of Other Business Entity

2. The "Other Business Entity" is a **Corporation**  
(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 **Delaware**  
(Enter state, or if a non-U.S. entity, the name of the country)

on **April 1, 2002**

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:**

**nGeneYes 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.)

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

15 MAR -4 AM 8:28

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Signed this 3rd day of March, 2015

**Required Signature for Florida Profit Corporation:**

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

Printed Name: Michael Gencarelli Title: President

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

Signature: \_\_\_\_\_

Printed Name: Michael Gencarelli Title: Authorized Person

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)

**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: nGeneYes Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

13506 SUMMERBROOK VILLAGE PKWY  
SUITE 337  
WINDERMERE FL 34786

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES** 1,500

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Michael Gencarelli, President

Address: 7721 Moser Avenue  
Windermere, FL 34786

Name and Title: Maria Gencarelli, Director

Address: 7721 Moser Avenue  
Windermere, FL 34786

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Michael Gencarelli, Director

Address: 7721 Moser Avenue  
Windermere, FL 34786

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Florida Filing & Search Services, Inc.

Address: 155 Office Plaza Drive, Suite A  
Tallahassee, FL, 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

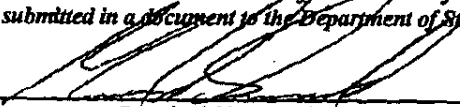
Name: Michael Gencarelli  
Address: 7721 Moser Avenue  
Windermere, FL 34786

\*\*\*\*\*  
*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

3/4/15  
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

3-3-2015  
Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA