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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 22 PM 4:21

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COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: APEX BUSINESS TECHNICAL SOLUTIONS, LLC
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:

MIKE NASSAR

Contact Person

APEX BUSINESS TECHNICAL SOLUTIONS, INC.

Firm/Company

5239 LOS PALMA VISTA DR.

Address

ORLANDO, FL 32837

City, State and Zip Code

mike@apexbts.com

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

For further information concerning this matter, please call:

Mike Nassar at (321) 262-6324
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees ☐ \$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

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:

APEX BUSINESS TECHNICAL SOLUTIONS, LLC

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 09/10/2014

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 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**:

APEX BUSINESS TECHNICAL SOLUTIONS, 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.**)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 12th day of JULY, 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: *Mike Nassar*

Printed Name: Mike Nassar Title: President, CEO

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

Signature: *Mike Nassar* 7/12/2015

Printed Name: Mike Nassar Title: Manager, Registered Agent

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)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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: APEX BUSINESS TECHNICAL SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

5239 LOS PALMA VISTA DR.

ORLANDO, FL 32837

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct any and all lawful business.

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: One Million (1,000,000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mike Nassar, President and CEO

Address: 5239 Los Palma Vista Dr.

Orlando, FL 32837

Name and Title: Fida Nassar, Member at Large

Address: 5239 Los Palma Vista Dr.

Orlando, FL 32837

Name and Title: A. Thomas Nassar, Vice President, CIO

Address: 3377 Cedar Springs Dr.

Winter Park, FL 32792

Name and Title: Elias Samaan, Member at Large

Address: 10712 Brice Court

Orlando, FL 32817

Name and Title: Eileen Hornbake, Secretary/Treasurer, COO

Address: 317 E. 49th St.

Indianapolis, IN 46205

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: Fida Nassar
Address: 5239 Los Palma Vista Dr.
Orlando, FL 32837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mike Nassar
Address: 5239 Los Palma Vista Dr.
Orlando, FL 32837

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

Fida Nassar
FIDA NASSAR
Required Signature/Registered Agent

7/18/2015
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.

f. michael Nassar
Fadi Michael Nassar
Required Signature/Incorporator

7/12/15
Date