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(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	





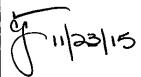
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COVER-LETTER

TO:	Charter Section Division of Co	rporations ,	· ·	•	
SUBJ	ЕСТ:	Voent	te INC		
		Name of	Resulting Florida Profit	Corporation	•
			s of Incorporation, and forcordance with s. 607.11	ees are submitted to conve 15, F.S.	ert an "Other Business
Please	return all corresp	pondence concerning thi	s matter to:		
	Violet	ta Brown	^		
		Contact Person			
	Vc	dente			
		Firm/Company			
	8000	Elbow Lo	ine N		
	. •.	Address			
	Saint	Peters	bourg Fl	33710	
		City, State and Zip Cod	e		
Vi	oleta.	brown 7	Egmail	1.com	
	E-mail address: (t	o be used for future ann	ual report notification)		
For fu	rther information	concerning this matter,	please call:		
170	leta E	Brown	at (127) 7	-10 - 5960	_
		ontact Person	Area Code and	l Daytime Telephone Nun	aber
Enclo	sed is a check for	the following amount:			
12 \$10	05.00 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	
New I	ET ADDRESS: Filings Section on of Corporation	ns	New F	ING ADDRESS: ilings Section on of Corporations	5 7 7

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

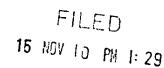
Certificate of Conversion

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:
Vdento 11C
Enter Name of Other Business Entity L15000182086
2. The "Other Business Entity" is a
first organized, formed or incorporated under the laws of Flolic da (Enter state, or if a non-U.S. entity, the name of the country)
on 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 <u>attached Articles of Incorporation</u> : Vdente Inc.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 10/30/2015 (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.)
<u>Note:</u> 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.

•	O 1-1				
Signed	this 30 day of October		_, 20/_	 '	
Requir	ed Signature for Florida Profit Corporation:				
Signatu	re of Chairman, Vice Chairman, Director, Officerator:	er, or, if Directo	rs or Officers ha	ve not been selected	i, an
Incorpo	nator: <u>VioleTa Brown</u> Title: <u>(</u>	1=0			
	·				
Requir	ed Signature(s) on behalf of Other Business I	Entity: [See belo	ow for required s	signature(s).]	
		· · · · · · · · · · · · · · · · · · ·			
Printed	Name: Violeta Brown	Title:	ED	· · · · · · · · · · · · · · · · · · ·	
Signatu	ire: x				
Printed	Name: Stawn Brown	_ Title:	res		
Signatu	re:		····	 	
Printed	Name:	Title:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Signatu	ге:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	····	*	
Printed	Name:	Title:	· · · · · · · · · · · · · · · · · · ·		
Signatu	re:	<u> </u>			
Printed	Name:	Title:			
Signatu	re:	· · · · · · · · · · · · · · · · · · ·			
Printed	Name:	Title:			
	da General Partnership or Limited Liability re of one General Partner.	Partnership:			
	da Limited Partnership or Limited Liability	Limited Partne	rship:		
Signatu	res of <u>ALL</u> General Partners.				
	da Limited Liability Company: re of a Member or Authorized Representative.				
<u>All othe</u> Signatu	ers: re of an authorized person.			AON ST	
Fees:				1	
	Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optiona \$8.75 (Optiona	•		
		Dogg 2 of 2		29 27	. 🕻

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

ADMICI D I MARCO	FILED
The name of the corporation shall be: Vden Te	INC. 15 NOV 10 PH 1: 29
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	ALCONO STATE STATE FLORIDA
Principal street address	Mailing address, if different is:
8000 Elbow Lane N	
Saint Petersburg Fl 33710	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	· i 0
A business to business Academic Community Co	Maloration network
It is designed to help of	acitale suoiness
actions with its member	s who provide
guidance to resources.	
ARTICLE IV SHARES The number of shares of stock is: 1,000,000)
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Title: Violeta Brown Name	and Title:
Address: 8000 Elbow Lane N Addre	
St Petersburg Fl 33710	
Name and Title: Shawn Brown Name President Sood Elbow love Address: 8000 Elbow love Address	and Title:
Address: 5+ Petersburg F1 33+	
	and Title:
Address: Addre	SS:

ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable	le) of the registered agent is:
Name: Violeta Brown	
Address: 8000 Elbowlane N)
St. Petersburg F133	» → 10
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Violeta Brown	
Address: 8000 Flbow lane A	7
Address: 8000 Elbow lane A Str Peter Story Fl 33	7 10
*****************	******
Having been named as registered agent to accept service of prothis certificate, I am familiar with and accept the appointment a	
VBsown	10/30/15
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein a document to the Department of State constitutes a third degree f	
YBrown	10/30/15.
Required Signature/Incorporator	Date

15 NOV 10 PN 1: 29