P1500100476				
(Requestor's Name) (Äddress) (Äddress)	500279314485			
(City/State/Zip/Phone #)	500279314495 11/24/1501009003 **122.50			
Certified Copies Certificates of Status Special Instructions to Filing Officer:				
Office Use Only 7016 -	FILED 15 OEC 18 PM 2:46 STOLLARY OF STATE ALL MAASLE, FLORDA			
	J 17/23/15			

÷

## **COVER LETTER**

#### **Charter Section** TO:

**Division of Corporations** 

#### Blixtar Inc. SUBJECT

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:

Joseph Ferrer

Contact Person

Blixtar Inc.

Firm/Company

4250 Alafaya Tr, Suite 212-219

Address

Oviedo, FL 32765

City, State and Zip Code

jay@jrmyerscpa.com

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

For further information concerning this matter, please call:

Joseph Ferrer

at (

407 435-7301

Area Code and Daytime Telephone Number Name of Contact Person

Enclosed is a check for the following amount:

□ \$105.00 Filing Fees □\$113.75 Filing Fees and Certificate of and Certified Copy Status

**\$113.75** Filing Fees **\$**122.50 Filing Fees, Certified Copy, and Certificate of Status

3-25 · · · · ·

STREET ADDRESS:	MAILING ADDRESS:		S		
New Filings Section Division of Corporations Clifton Building	New Filings Section Division of Corporations P. O. Box 6327		DEC 18	T	
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314		PH 2:		
		1	<del>ц</del>		



RECEIVED 15 DEC 18 PM 2: 19

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 4, 2015

JOSEPH FERRER 4250 ALAFAYA TR SUITE 212-219 OVIEDO, FL 32765

SUBJECT: BLIXTAR, INC. Ref. Number: W15000078561

We have received your document for BLIXTAR, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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

 $(850) 245-6052. \qquad mp_{in} \perp_{iNE}$ Claretha Golden Regulatory Specialist II New Filing Section  $g 50 \cdot 245 - 6973$ (50) - 245 - 6973(50) - 245 - 6973(50) - 245 - 6973(50) - 245 - 6973(50) - 245 - 6973(50) - 245 - 6973(50) - 245 - 6973(50) - 245 - 6973

Division of Componentiona, DO BOY 6297 Tallahagana, Elamida 20214

Certificate of Conversion		
For ,		
"Other Business Entity"		
Into		
<b>Florida Profit Corporation</b>		

FILED

15 DEC 18 PH 2:46

SECHERARY OF STATE

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:

ELECTIZONICS, LLC Enter Name of Other Business Entity Document #: L13000088432 VM&G.Technologies LEC

2. The "Other Business Entity" is a \_\_\_\_\_

(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 (Enter state, or if a non-U.S. entity, the name of the country)

June 19, 2013

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>: Blixtar 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; <u>AND</u> 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.

Page 1 of 2

Signed this <u>i</u> th day of <u>Nourmber</u>	, 20 <u>15</u> .	
<b>Required Signature for Florida Profit Corporatio</b>	<u>n:</u>	
Signature of Chairman, Vice Chairman, Director, Of		en selected, an
Printed Name:	Isident ICEU	
Required Signature(s) on behalf of Other Busines	s Entity: [See below for required signature(	s).]
Signature:		
Printed Name: Joseph Ferrer	Title: President /CEO	-
Signature:	• ••• ••••	-
Printed Name:	Title:	<b>_</b>
Signature:		
Printed Name:	Title:	
Signature:	**************************************	
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida General Partnership or Limited Liabili	ty Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
If Florida Limited Liability Company:	,	
Signature of a Member or Authorized Representative		
<u>All others:</u> Signature of an authorized person.		
Fees: Certificate of Conversion:	\$35.00	
Fees for Florida Articles of Incorporation:	\$70.00	
Certified Copy:	\$8.75 (Optional) \$8.75 (Optional)	
Certificate of Status:	38.75 (Optional)	

· ·---- ·-

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

Same

÷

FILED

#### <u>ARTICLE</u> I <u>NAME</u>

The name of the corporation shall be:

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

4250 Alafaya Tr., Suite 212-219

Oviedo, FL 32765

## ARTICLE III <u>PURPOSE</u>

The purpose for which the corporation is organized is:

The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized

under the General Corporation Law of Florida.

#### ARTICLE IV SHARES

1,000,000 The number of shares of stock is:

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title	Joseph Ferrer, President and CEO	Name and Title:
Address:	4250 Alafaya Tr., Suite 212-219	Address:
	Oviedo, FL 32765	
Name and Title	Jay R Myers, Vice-President and CFO	Name and Title:
Address:	4250 Alafaya Tr., Suite 212-219	Address:
	Oviedo, FL 32765	
Name and Title	Thomas Higgins, Vice-President and COO	Name and Title:
Address:	4250 Alafaya Tr., Suite 212-219	Address:
	Oviedo, FL 32765	

# 15 DEC 18 PH 2:46

SECRETARY OF STATE TALE ANALSEE, FLORIDA

1.7

#### ARTICLE VI REGISTERED AGENT

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

Name: Joseph Ferrer

Address: 4250 Alafaya Tr. Sit 212-219

Oviralo FL 32765

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph Ferrer

4250 Ala Gaya T- Suite 212-219 Address:

Ovirdo FL 32765

#### \*

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

Bequived Signature/Registered Agent

9/14/15 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.

Signature/Incorporator

9/14/15 Date

 $\overline{\mathbf{\omega}}$ <u>.</u> Ņ <del>5</del>