## P1600002730

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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SECRETARY OF STATE

JAN 1 3 2016 T CANNON

## **COVER LETTER**

TO:	Charter Section Division of Cor			•		
SUBJE	Mobile-Flex	Inc.				
SUDJE	,C1;	Name of	Resulting Floric	la Profit	Corporation	
		e of Conversion, Articles Profit Corporation" in ac			ees are submitted to convert an "Other Bills, F.S.	ısiness
Please	return all corresp	ondence concerning this	matter to:			
Ken Ra	у					
		Contact Person		<del></del>		
Mobile-	Flex LLC					
		Firm/Company		_		
7906 Sc	ea Pearl Circle					
		Address		_		
Kissim	mee FL 34747					
		City, State and Zip Code		•••	,	
kray@n	nobile-flex.com					
E	-mail address: (t	o be used for future annu	al report notific	ation)		
For fur	ther information	concerning this matter,	olease call:			
Ken Ra	у		at (	751-4	013	
•	Name of Co	ontact Person		Code and	Daytime Telephone Number	
Enclose	ed is a check for	the following amount:				
□ \$10±	5.00 Filing Fees	☐\$113.75 Filing Fees and Certificate of Status	OS113.75 Fili and Certified		■\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New Fi Divisio Clifton 2661 E	ET ADDRESS: llings Section on of Corporation Building executive Center assee, FL 32301	•		New F Division P. O. I	ING ADDRESS: Filings Section on of Corporations Box 6327 assee, FL 32314	



December 10, 2015

KEN RAY MOBILE-FLEX LLC 7906 SEA PEARL CIRCLE KISSIMMEE, FL 34747 US

SUBJECT: MOBILE-FLEX INC Ref. Number: W15000079792

We have received your document for MOBILE-FLEX 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):

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

Please return 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.

Tina D Cannon Regulatory Specialist II

Letter Number: 415A00025899

## Certificate of Conversion For "Other Business Entity" Into



16 JAN 12 PM 3:22

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:					
Mobile-Flex LLC						
CONTRACTOR AND THE SECOND CONTRACTOR AND THE	Enter Name of Other Business Emity					
2. The "Other Business Entity" is a						
(Enter entity	type. Example: limited liability company, limited partnership, nership, common law or business trust, etc.)					
first organized, formed or incorporat	red under the laws of Florida					
(Ente	ed under the laws of					
April 3rd, 2014						
Enter date "Ot	her Business Entity" was first organized, formed or incorporated					
3. If the jurisdiction of the "Other B organized, formed or incorporated: Florida	usiness Entity" was changed, the state or country under the laws of which it is now					
4. The name of the Florida Profit Co	orporation as set forth in the attached Articles of Incorporation:					
	Enter Name of Florida Profit Corporation					
(The effective date: 1) cannot be p Department of State; AND 2) mus if an effective date is listed therein Note: If the date inserted in this blo	ng, enter the effective date:  prior to nor more than 90 days after the date this document is filed by the Florid t be the same as the effective date listed in the attached Articles of Incorporation .)  ck does not meet the applicable statutory filing requirements, this date will not be					

				SEURETARY OF STATE TALLY HORSE, STORIDA
Signed t	this 15th	_day of	, 20 15	TALE / TO THE STATE ORINA
		or Florida Profit Corporation:		16 JAN 12 PM 3:22
		Vice Chairman, Director, Offic		s have not been selected, an
		on behalf of Other Business		
Signatu	re: V	Day		
	Name: Ken Ris		Title: CEO President	
Signatu	re:			***************************************
Printed	Name:		Title:	
Signatu	re:			<del></del>
Printed	Name:		Little:	
Signatu	rre:			
Printed	Name:		Title:	<del></del>
Signatu	ire:			
Printed	Name:		Title:	
Signatu	ire:			
Printed	Name		l'itle:	Pr. Pr. William Committee
	ida General P. ire of one Gene	artnership or Limited Liability eral Partner.	Partnership:	
		artnership or Limited Liability eneral Pariners.	Limited Partnership:	
		iability Company: or or Authorized Representative.		
All oth Signatu	ers: ire of an author	ized person.		
Fees:	Certificate of Fees for Flori Certified Cop Certificate of	da Articles of Incorporation: y:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

Page 2 of 2

SECRETARY OF STATE TALLA MARKET TALLA MARKET

ARTICLES OF INCORPORATION

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

ARTICLE I	NAME MALE PARTY	16 JAN 12	PH 3: 22
The name of the	corporation shall be: Mobile-Flex h	nc.	
ARTICLE II The principal pla	PRINCIPAL OFFICE nee of business/mailing address is:		
5323 Millenia La	Principal street address skes Blvd	Mailing address, if different is: 7906 Sea Pearl Cricle	
Suite 300			
Orlando FL 3283	39	Kissimmee FL 34747	
• •	which the corporation is organize		
To provide softw	are that delivers applications to multi	iple devices through multiple platforms	
Develop, design	and implement custom mobile softwa	are solutions	
Provide cloud ho	sting services for use with the Mobile		
	***************************************		
			÷
	A		
<b>ARTICLE IV</b> The number of s	SHARES hares of stock is: 5,000,000 Commo	on Shares 5,000,000 Preferred Shares	
ARTICLE V			
Manya and Title	INITIAL OFFICERS AND/O	OR DIRECTORS	
ivaine and Title	INITIAL OFFICERS AND/O		***************************************
	INITIAL OFFICERS AND/O	OR DIRECTORS	***************************************
Address:	INITIAL OFFICERS AND/O	OR DIRECTORS  Name and Title:	
Address:	INITIAL OFFICERS AND/O Ken Ray CEO/President 7906 Sea Pearl Circle Kissimmee FL 34747 Steven Chavis CFO	Name and l'itle:  Address:	
Address: - Name and Title	INITIAL OFFICERS AND/O Ken Ray CEO/President 7906 Sea Pearl Circle Kissimmee FL 34747 Steven Chavic CEO	Name and Title:  Address:  Name and Title:	****
Address: - Name and Title	INITIAL OFFICERS AND/O Ken Ray CEO/President 7906 Sea Pearl Circle Kissimmee FL 34747 Steven Chavis CFO	Name and Title:  Address:  Name and Title:  Address	
- Name and Title Address:	INITIAL OFFICERS AND/O Ken Ray CEO/President 7906 Sea Pearl Circle Kissimmee FL 34747 Steven Chavis CFO 6181 Woodland Road	Name and Title:  Address:  Name and Title:  Address	

	E VI REGISTERED AGENT and Florida street address (P.O. Box NOT acceptable)	lat of the ranjetered agent ic	TALLAN ARY OF STATE
Name:	Ken Ray	re) of the registered agent is.	16 JAN 12 PM 3:22
Address:	7906 Sea Pearl Circle		2 22
	Kissimmee FL 34747		
<b>ARTICL</b> The <u>name</u>	E VII INCORPORATOR and address of the Incorporator is:		
Vame:	Ken Ray		
Address:	7906 Sea Pearl Circle		
	Kissimmee FL 34747		
	en named as registered agent to accept service of procute, Landamiliar with and accept the appointment of		
7	Required Signature/Registered Agent	Date	<del></del>
	tis document and affirm that the facts stated herein a to the Department of State constitutes a third degree j		
	a - Land	11 (5/2015	
,	Required Signature/Incorporator	D	ate