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. (Re	equestor's Name)	
. (Ad	dress)	·
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
· (Bu	siness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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FEB 2 _ 2016

S. GILBERT

From: Markist Athelus

Friday, January 29, 2016

Dear Silvia Gilbert

I, Cassandre Athelus is authorized Silvia Gilbert to add the number (100 Shares) shares on my application of "Certificate of Conversion" for Skaipay, LLC.

Document number: L12000046006

"ARTICLE IV SHARES"

The number of shares of stock is: 100"

Thank you

Sincerely,

Cassandre Athelus



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2016

CASSANDRE ATHELUS ***2ND MAILING 2651 N ROCK ISLAND RD SUITE 102 MARGARET, FL 33063

SUBJECT: SKAIPAY MANAGEMENT, INC.

Ref. Number: W15000083127

We have received your document for SKAIPAY MANAGEMENT, 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 state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 215A00027223

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 Officer 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: SKAIPAY LLC L/2 - 4(150 C)
Enter Name of Other Business Entity LIMITED LIABILITY COMPANY 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) 04/03/2012 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: NO 4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: SkaiPay Management, Inc Enter Name of Florida Profit Corporation 12/11/2015 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.

Signed	this 11th	day of	December		, 20	15	_ .	
Requi	red Signatur	e for Florida Pro	ofit Corporation:					
Incorpo	orator: (LR	Soundit	nn, Director, Office 11110 S Title: President					n selected, an
-		4	Other Business Er	ntity: [See]	below for	required s	ignature(s).]
Signati	ure: 🖳	M	=			· · · · · · · · · · · · · · · · · · ·		
Printed	l Name:	Cassandre Athe	elus	_ Title:	Presid	lent		
Signatu	ıre:	***************************************			- <u></u>			
Printed	l Name:			_ Title:	 			
Signati	ıre:							
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		Partnership or I neral Partner.	Limited Liability P	<u>'artnership</u>	<u>:</u>			
		Partnership or I General Partners.	Limited Liability L	imited Par	tnership:			
		Liability Compa ber or Authorized						
<u>All oth</u> Signatu		orized person.						
<u>Fees:</u>			ncorporation:	\$35.00 \$70.00 \$8.75 (Opti \$8.75 (Opti				

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

ARTICLE I NAME	SKAIPAY MAN'AGEMENT, INC	
The name of the corporation shall be:		-1791
ARTICLE II PRINCIPAL OFFICE		16 JAN 29 AM 11: 06
The principal place of business/mailing address is:		ME W. SER. FLORIDA
Principal street address 2651 N ROCK ISLAND RD, STE 102	Mailing ac	ddress, if different is:
MARGATE, FL 33063		
ARTICLE III PURPOSE The purpose for which the corporation is organized.	ad in	
ANY ALL LAWFUL		
ANTALLLAWFUL	BUSINESS	
•		
-		
•		·
ARTICLE IV SHARES		
	<i>∂</i>	
The number of shares of stock is:	<i>∂</i>	
The number of shares of stock is:	OR DIRECTORS	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/C		
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/C Name and Title: CASSANDRE ATHELUS, PRES.	OR DIRECTORS Name and Title:	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/C Name and Title: 2651 N ROCK ISLAND RD # 102	Name and Title:	
ARTICLE V INITIAL OFFICERS AND/C Name and Title: CASSANDRE ATHELUS, PRES. Address: 2651 N ROCK ISLAND RD, # 102	Name and Title:	
ARTICLE V INITIAL OFFICERS AND/C Name and Title: 2651 N ROCK ISLAND RD # 102	Name and Title:	
ARTICLE V INITIAL OFFICERS AND/C Name and Title: CASSANDRE ATHELUS, PRES. Address: MARGATE, FL 33063	Name and Title: Address:	
ARTICLE V INITIAL OFFICERS AND/C Name and Title: CASSANDRE ATHELUS, PRES. Address: MARGATE, FL 33063	Name and Title: Address:	
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ARTICLE V INITIAL OFFICERS AND/C Name and Title: CASSANDRE ATHELUS, PRES. Address: MARGATE, FL 33063 Name and Title: Address:	Name and Title: Address: Name and Title: Address:	

ARTICL.	E VI REGISTERED AGENT	
The name	and Florida street address (P.O. Box No	OT acceptable) of the registered agent is:
Name:	CASSANDRE ATHELUS	<u> </u>
Address: .	2651 N ROCK ISLAND RD, # 102	•
	MARGATE, FL 33063	
ARTICL		
The <u>name</u>	and address of the Incorporator is:	
Name:	CASSANDRE ATHELUS	
Address:	2651 N ROCK ISLAND RD, # 102	
	MARGATE, FL 33063	
******	************	*******
Having be this certifi	een named as registered agent to accept sicate, I am familiar with and accept the ap	ervice of process for the above stated corporation at the place designated in pointment as registered agent and agree to act in this capacity
	Who	12-11-15
	Required Signature/Registered Agent	Date
I submit ti	his document and affirm that the facts st	ated herein are true. I am aware that any false information submitted in a
		third degree felony as provided for in s.817.155, F.S.
	MALO	12-11-15
	Required Signature/Incorporator	Date

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