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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

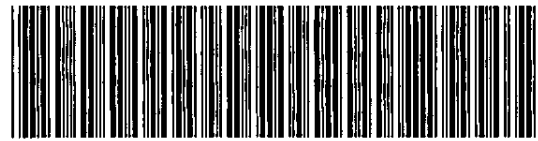
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

V HERRING
OCT 19 2016

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Red Pixel Consulting, Inc.

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:

Lisa M. Gable, Attorney at Law

Contact Person

Robertson & Gable, LLC

Firm/Company

5875 Peachtree Industrial Blvd., Suite 170

Address

Norcross, GA 30092

City, State and Zip Code

melissa@rglegal.com

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

For further information concerning this matter, please call:

Lisa M. Gable, Attorney at Law

at (770) 736-5182

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Red Pixel Consulting, Inc.

Enter Name of Other Business Entity

2. The "Other Business Entity" is a For Profit Corporation

(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 Georgia

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

on April 24, 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:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

Red Pixel Consulting, 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.

Signed this 29 day of September, 2016.

Required Signature for Florida Profit Corporation:

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Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected: _____

* Incorporator: _____
Printed Name: Andrey Koulikov Title: President

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

* Signature: _____
Printed Name: Andrey Koulikov Title: President

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)

ARTICLES OF INCORPORATION FILED

OF

2016 OCT 17 AM 8:20

Red Pixel Consulting, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1.

The name of the corporation is:

Red Pixel Consulting, Inc.

2.

The corporation shall have authority to issue not more than 100 shares of stock.

3.

The initial registered office of the corporation shall be at 318 Franklin Club Drive, Unit 1203, Delray Beach, Palm Beach County, Florida 33483. The initial registered agent of the corporation at such address shall be ANDREY KOULIKOV.

4.

The mailing address of the initial principal office of the corporation is:


318 Franklin Club Drive
Unit 1203
Delray Beach, FL 33483

5.

The name and the address of the incorporator is:

Lisa M. Gable
Attorney at Law
Robertson & Gable, LLC
5875 Peachtree Industrial Blvd., Suite 170
Norcross, GA 30092
770-736-5182
info@rglegal.com

IN WITNESS WHEREOF, the undersigned executes these Articles of Incorporation.




LISA M. GABLE

Lisa M. Gable
Attorney at Law
Robertson & Gable, LLC
5875 Peachtree Industrial Blvd., Suite 170
Norcross, GA 30092
770-736-5182
info@rglegal.com

CONSENT TO SERVE AS REGISTERED AGENT

RE: Red Pixel Consulting, Inc.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the foregoing Articles of Incorporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



ANDREY KOULIKOV, Registered Agent

9-29-2016
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA