## P16000090699

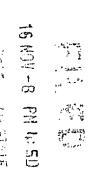
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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T. BURCH NOV 1 4 2016

## **COVER LETTER**

Division of Corpo	orations					,
SUBJECT: MISSION CRI		NC.				•
SUBJECT:	Name of	Resulting	g Florida Pro	ofit Corp	poration	_
The enclosed Certificate o Entity" into a "Florida Pro						ert an "Other Business
Please return all correspon	ndence concerning this	matter t	o:			
John McQueeny						
	Contact Person					
Mission Critical Networks, I	LLC					
	Firm/Company		<del></del>			
11160 Hammock Drive						
	Address		<del></del>			
Largo, FL 33774						
Cit	ty, State and Zip Code	:				
john@mcqueeny.com						
E-mail address: (to b	e used for future annu	al report	notification	)		
For further information co	ncerning this matter, p	olease cal	II:			
John McQueeny		at ( 727	, 48	1-3744		
Name of Conta	act Person		Area Code	and Day	ytime Telephone Nur	nber
Enclosed is a check for the	e following amount:					
	1\$113.75 Filing Fees and Certificate of tatus	□\$113. and Cer	75 Filing Fe tified Copy	Ce	\$122.50 Filing Fees, rtified Copy, and rtificate of Status	
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Cir	rcle		Nev Div P. (	w Filing ision of D. Box 6	S ADDRESS: us Section Corporations 6327 a. FL 32314	

Tallahassee, FL 32301

Tallahassee, FL 32314

## Eertificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

Mission Critical Networks, LLC			
Enter Name of Other Business Entity		<u></u>	
2. The "Other Business Entity" is a	**************************************	1091	ichsell
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)		8-1	un egyén Géles M
first organized, formed or incorporated under the laws of Florida, USA  (Enter state, or if a non LLS, entity, the name of the country)		7	1
(Enter state, or if a non-U.S. entity, the name of the country)		ः ज	in white
January 7. 2010 on		S	
Enter date "Other Business Entity" was first organized, formed or incorporate	:d		
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the law organized, formed or incorporated:	/s of wh	nich it	is now
N/A			••
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> MISSION CRITICAL NETWORKS, INC.	<u>)n:</u>		
Enter Name of Florida Profit Corporation			
5. If not effective on the date of filing, enter the effective date:  September 1, 2016			
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document Department of State; AND 2) must be the same as the effective date listed in the attached Artif an effective date is listed therein.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the statutory filing requirements.	icles of	Incor	poration,
listed as the document's effective date on the Department of State's records.	ms date	WIII	iot be

Signed this _	thday of	. 20			
Required Sig	gnature for Florida Profit Corpo	ration:			
Signature of Incorporator: Printed Name	Chairman, Vice Chairman Si eoch e: John F. McQueeny Title:	or, Officer, or, if Directors or Officers have not bee	n selec	cted, ar	1
Required Si	gnature(s) on behalf of Other Bu	siness Entity: [See below for required signature(s	s).]		
Signature: _	The		_		
Printed Nam	e:	Title: President / Owner / Authorized Repr	t -		
			_		
Printed Nam	e:	Title:	=		
Signature: _			- ~~*»		
Printed Nam	e:	Title:	7 1267 	<u>ن</u> ت	
		· <u>·········</u>		8-403	
Printed Nam	e:	Title:		8 P#	•
Signature: _				-	
Printed Nam	e:	Title:		2	
			-		
Printed Nam	ne:	Title:	_		
Signature of <b>If Florida L</b>	General Partnership or Limited L one General Partner. Limited Partnership or Limited L				
<u>If Florida L</u>	of <u>ALL</u> General Partners. <u>Limited Liability Company:</u> a Member or Authorized Represen	ntative.			
Signature of	an authorized person.				
Fee: Cert	tificate of Conversion: s for Florida Articles of Incorporati tified Copy: tificate of Status:	\$35.00 fon: \$70.00 \$8.75 (Optional) \$8.75 (Optional)			•

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

The name of the corporation shall be:  MISSION CRITICAL N	NET WORKS, INC.
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
11160 Hammock Drive	
Largo, FL 33774	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	·N. w.
To engage in any lawful business for profit	्र क
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	year co
	Aller Comments of the Comments
	CO C
and the second second	June 1 No. 1
	•
ARTICLE IV SHARES The number of shares of stock is:  Ten Million (10,000,000)	
ARTICLE V INITIAL OFFICERS AND/OR DIR	
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
THE WIND THE	
Address:	Address:

The <u>name</u>	and Florida street address (P.O. Box	NOT acceptable) of the	registered agent is:			
Name:	John McQueeny					
Address:	11160 Hammock Drive	<del>.</del>				
•	Largo, FL 33774					
<u>ARTICL</u>						
The <u>name</u>	and address of the Incorporator is:			or of the	•	
Name:	John McQueeny	<del></del>				ji y
Address:	11160 Hammock Drive			ر به المحمد الماري الماري الماري الماري المار	₩ -8	i i i Ev
	Largo. FL 33774				ΞÜ	*****
		<del></del>			 	gara. Esta
				Merchan 1	7.	* e ki"
Having be this certifi	een named as registered agent to accepticate, I am familiar with and accept the	appointment as registe	the above stated corporation red agent and agree to act in	n at the pla n this capa 216	ice des city	ignated in
I submit to document	Required Signature/Registered Agent  To Ho F. MCOUE  his document and affirm that the facts to the Department of State constitutes	Stated/herein are true.	Date/ I am aware that any false is provided for in s.817.155, I	informatio F.S.	n subi	nitted in a
	Required Signature/Incorporator		11/4/2	<u></u> Ø16		
	JOHN F. MCQU	IEENY				