

P18000088306

(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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10/17/18--01026--035 **113.75

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OCT 15 2018

FILED
18 OCT 15 AM 11:05
CLERK OF COURT
CLERK OF COURT

OCT 25 2018

T SCHROEDER

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: LEDGEON 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:

Jomark Reyes

Contact Person

MyUSAcorporation.com

Firm/Company

1 Radisson Plaza, Ste. 800

Address

New Rochelle, NY 10801

City, State and Zip Code

keithamos@rocketmail.com

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

For further information concerning this matter, please call:

Jomark Reyes

at (877) 330-2677

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$105.00 Filing Fees	<input type="checkbox"/> \$113.75 Filing Fees and Certificate of Status	<input checked="" type="checkbox"/> \$113.75 Filing Fees and Certified Copy	<input type="checkbox"/> \$122.50 Filing Fees, Certified Copy, and Certificate of Status
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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

FOR
"Other Business Entity"
Into
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:

LEDGEON INC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a 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 New York
(Enter state, or if a non-U.S. entity, the name of the country)

on APRIL 19, 2016

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 **attached Articles of Incorporation**:

LEDGEON INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

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18 OCT 15 AM 11:05
STATE OF FLORIDA
TALLAHASSEE

Required Signature for Florida Profit Corporation:

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

Incorporator: Keith Amos

Printed Name: KEITH AMOS Title: President

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

Signature: Keith Amos

Printed Name: KEITH AMOS 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)

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18 OCT 15 AM 11:05
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF FLORIDA

ARTICLE I NAME

The name of the corporation shall be: LEDGEON INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

6714 93RD ST. E.

BRADENTON, FL 34202

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All lawful business purposes.

ARTICLE IV SHARES

The number of shares of stock is: 1000000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KEITH AMOS - President

Name and Title: KEITH AMOS - Vice President

Address: 6714 93RD ST. E.

Address: 6714 93RD ST. E.

BRADENTON, FL, 34202

BRADENTON, FL, 34202

Name and Title: KEITH AMOS - Secretary

Name and Title: KEITH AMOS - Treasurer

Address: 6714 93RD ST. E.

Address: 6714 93RD ST. E.

BRADENTON, FL, 34202

BRADENTON, FL, 34202

Name and Title:

Name and Title:

Address:

Address:

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CLERK OF DISTRICT COURT
NORTH DAKOTA

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

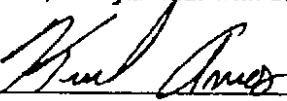
Name: KEITH AMOS
Address: 6714 93RD ST. E.
BRADENTON, FL, 34202

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KEITH AMOS
Address: 6714 93RD ST. E.
BRADENTON, FL, 34202


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


Required Signature/Registered Agent

10/10/2018

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.


Required Signature/Incorporator

10/10/2018

Date

FILED
18 OCT 15 AM 11:05
OFFICE OF THE CLERK
DEPARTMENT OF STATE
TALLAHASSEE, FL 32399