P19000001481

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only



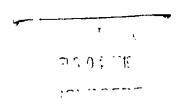
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COVER LETTER

	COVERLETT	, K	•
TO: Charter Section Division of Corporations	· .	, ' 'es	
SUBJECT: PACKED UP INC.			
	of Resulting Florida Pro	ofit Corporatio	on
The enclosed Certificate of Conversion, Artic Entity" into a "Florida Profit Corporation" in			mitted to convert an "Other Busines
Please return all correspondence concerning t	his matter to:		
ATTORNEY ANESSA SANTOS			
Contact Person			
INTELLILAW			
Firm/Company	<u> </u>		
300 S. ORANGE AVE. STE 1000			
Address			
ORLANDO, FL 32801			
City, State and Zip Co	ode		
ANESSA@INTELLILAW.IO			
E-mail address: (to be used for future an	nual report notification)	
For further information concerning this matte	r, please call:		
ATTORNEY ANESSA SANTOS	239 59	5-3794	
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 Fee and Certificate of Status	s □\$113.75 Filing Fe and Certified Copy	Certified	0 Filing Fees, Copy, and e of Status
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle	Ne Div P. (W Filings Sect ision of Corpo D. Box 6327 lahassee, FL	ion orations

Tallahassee, FL 32301

Certificate 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.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: PACKED UP, LLC 15349
Enter Name of Other Business Entity
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (Enter antity type, Example: limited liability company limited partnership
(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 FLORIDA (Enter state, or if a non LLS entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
19 JANUARY 2017
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 CHANGE - FLORIDA
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>
PACKED UP 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 Florid 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.
Page 1 of 2
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Signed this 23 day of January	, 20 ¹⁹			
Required Signature for Florida Profit Corporation	<u>1:</u>			
Signature of Chairman, Vice Chairman, Director, Off Incorporator: Printed Name: DUSTIN GIMBEL Title: CEO	icer, or, if Directors or Officers have not been	n sel	ected	, an
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(s).]		
Signature: Dustribile				
DUSTIN GIMBEL	Title: MANAGER, DIRECTOR & CEO			
Signature:	Tid. DIRECTOR & CTO			
Printed Name: DAVID WHITTAKER	Title: DIRECTOR & CTO			
Signature:				
Printed Name:				
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:			
If Florida Limited Partnership or Limited Liability	y Limited Partnership:	07 17	19	
Signatures of <u>ALL</u> General Partners.	5+ 21 2+ 3+			[]
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		3 + 14 27 0 +	 or	n
All others: Signature of an authorized person. Fees:	GRAD.	, i	PH 12: 44	Ö
Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$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:	_ ,
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
10126 GRAND CANAL DRIVE, UNIT 12302	
WINDERMERE, FL 34786	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS PURPOSE IN RELATIONSHIP IN THE PURPOSE IN THE PURPO	TION TO OR OTHERWISE IN SUPPORT OF
SOFTWARE DEVELOPMENT PRIMARILY FOCUSED ON	STORAGE SOLUTIONS AND RELATED SERVICES.
	· · · · · · · · · · · · · · · · · · ·
	
	70 1 See 1
ARTICLE IV SHARES The number of shares of stock is: TEN MILLION (10,000.00	00) COMMON SHARES
ARTICLE V INITIAL OFFICERS AND/OR DIR	ECTORS
Name and Title: DUSTIN GIMBEL, CEO	Name and Title: DAVID WHITTAKER, CTO
Address: 10126 GRAND CANAL DRIVE #12302	Address:
Address: UNDERMERE, FL, 34786	1025 WENTWORTH COURT
Address:	Address: 1025 WENTWORTH COURT LONGWOOD, FL 32750
Address: WINDERMERE, FL, 34786	Address: 1025 WENTWORTH COURT LONGWOOD, FL 32750
Address: WINDERMERE, FL, 34786 Name and Title:	Address: LONGWOOD, FL 32750 Name and Title:
Address: WINDERMERE, FL, 34786 Name and Title: Address:	Address: LONGWOOD, FL 32750 Name and Title: Address:

DUSTIN GIMBEL				
10126 GRAND CANAL DR. #12302				
WINDERMERE, FL 34786				
E VII INCORPORATOR				
e and address of the Incorporator is:				
DUSTIN GIMBEL				
10126 GRAND CANAL DR. #12302				
WINDERMERE, FL 34786				
een named as registered agent to accept service of pro icate, I am familiar with and accept the appointment of				
	us registered agent			
	us registered agent	and agree to		
icate, I am familiar with and accept the appointment of	as registered agent Janu are true. I am aw. felony as provided	Date are that any for in s.817.	act in this	capacity
Required Signature/Registered Agent this document and affirm that the facts stated herein	as registered agent Janu are true. I am aw. felony as provided	and agree to pary 23, 2019 Date are that any	act in this	capacity
Ticate, I am familiar with and accept the appointment of Duff Lower Required Signature/Registered Agent this document and affirm that the facts stated herein to the Department of State constitutes a third degree Duff Lower Registered Agent	as registered agent Janu are true. I am aw. felony as provided	Date are that any for in s.817. uary 23, 2019	act in this	capacity
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