P190000A3666

(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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COVER LETTER

Charter Section

Tallahassee, FL 32301

Division of Corporations

TO:

SUBJECT: TECHNEAR	RSHORE, INC				
<u> </u>	Name of	Resulting Florida	Profit	Corporation	
	e of Conversion, Articles Profit Corporation" in ac	•		ees are submitted to convert an "Other Busine 15, F.S.	SS
Please return all corresp	ondence concerning this	s matter to:			
Thomas Mersch					
	Contact Person		-		
Kelley Kronenberg			_		
	Firm/Company				
8201 Peters Road Suite 40	000		_		
	Address				
Fort Lauderdale, Florida	33324				
	City, State and Zip Code	e			
tmersch@kklaw.com					
E-mail address: (t	o be used for future annu	ual report notifica	tion)		
For further information	concerning this matter,	•			
Thomas Mersch		_at ()843-44	422	
Name of Co	ontact Person	Area C	ode and	d 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 and Certified Co		■\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building 2661 Executive Center			New F Division P. O. E	ING ADDRESS: Cilings Section on of Corporations Box 6327 assee, FL 32314	

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.

The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
irst organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
10/26/2015 on .
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 not organized, formed or incorporated:
N/A
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: TECHNEARSHORE, 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 Floric
Department of State.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
isted as the document's effective date on the Department of State's records.

Page 1 of 2

Signed this 9th day of MAY	, 20 <mark>19</mark>
Required Signature for Florida Profit Corporation:	
Signature of Chairman, Vice Chairman, Director, Offic Incorporator: Printed Name: JAMES RYAN Title: PRESID	er, or, if Directors or Officers have not been selected, an ENT & DIRECTOR
Required Signature(s) on behalf of Other Business E	Entity: [See below for required signature(s).]
Signature:	
Printed Name:	Title: MANAGER
Signature:	<u> </u>
Printed Name:	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability	
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: 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
3363 WEST COMMERCIAL BLVD	
SUITE 200	
FORT LAUDERDALE, FLORIDA 33063	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
OUTSOURCED BUSINESS SERVICES	
The number of shares of stock is:	ECTORS
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRE	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRE Name and Title: JAMES RYAN, PRESIDENT & DIR 3363 WEST COMMERCIAL BLVD S 200	Name and Title:
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRE Name and Title: JAMES RYAN, PRESIDENT & DIR 3363 WEST COMMERCIAL BLVD S 200	Name and Title: Address:
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRE Name and Title: JAMES RYAN, PRESIDENT & DIR 3363 WEST COMMERCIAL BLVD S 200 FORT LAUDERDALE, FLORIDA 33063	Name and Title: Address:
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRE Name and Title: JAMES RYAN, PRESIDENT & DIR 3363 WEST COMMERCIAL BLVD S 200 FORT LAUDERDALE, FLORIDA 33063 Name and Title:	Name and Title: Address: Name and Title:
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRE Name and Title: JAMES RYAN, PRESIDENT & DIR 3363 WEST COMMERCIAL BLVD S 200 FORT LAUDERDALE, FLORIDA 33063 Name and Title: Address:	Name and Title: Address: Name and Title: Address:
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The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRE Name and Title: JAMES RYAN, PRESIDENT & DIR 3363 WEST COMMERCIAL BLVD S 200 FORT LAUDERDALE, FLORIDA 33063 Name and Title: Address:	Name and Title: Address: Name and Title: Address:

	E VI REGISTERED AGENT and Florida street address (P.O. Box NOT acce	table) of the registered agent is:	
Name:	THOMAS MERSCH		
Address:	C/O KELLEY KRONENBERG		
	8201 PETERS ROAD STE 4000 FORT LAU		
<u>ARTICL</u>	E VII INCORPORATOR		
The <u>name</u>	e and address of the Incorporator is:		
Name:	JAMES RYAN		
Address:	3363 WEST COMMERCIAL BLVD STE		
	FORT LAUDERDALE, FLORIDA 33063		
******	***********	******	
		process for the above stated corporation at the place designat nt as registered agent and agree to act in this capacity	ed in
	Ihm moss	05/09 2019	
	Required Signature/Registered Agent	Date	
	this document and affirm that the facts stated here to the Department of State constitutes a third deg	in are true. I am aware that any false information submitted see felony as provided for in s.817.155, F.S.	l in a
//		05/09/2019	
	Required Signature/Incorporator	Date	