## P19000076348

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| (Bus                      | siness Entity Nan | ne)       |
| •                         | •                 | ·         |
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| Certified Copies          | Certificates      | of Status |
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| Special Instructions to I | Filing Officer:   |           |
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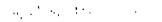
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Office Use Only

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To Whom it May Concern,

I, Vikram Khanna, the owner and CEO of ProVal Technologies Inc. have no intention of revoking dissolution. I plan to start a new company with the same name in which we are currently doing business.

Our original Articles of Incorporation document number was P19000052036. We have submitted a request to have them dissolved in order to re-establish them the correct way via the conversion document process.

I've included the conversion document along with a new request for Articles of Incorporation. Please process the new request.

If you have any questions, please do not hesitate to reach out to me.

Thank you,

Vikram Khanna, Founder & CEO

vikram@provaltech.com

407-588-0101 x101

ProVal Technologies, Inc.

DATE, VIKRAMS SIGNATURE, AND NOTARY PUBLIC SIGNATURE HERE

STATE OF FLORIDA COUNTY OF SEMINOLE

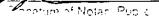
This foregoing instrument was actnowleged cefore me this 27 day of Aug 2019

by Vikcan Khann

who has a reduced

\_as identification





## **COVER LETTER**

| TO:                    | Charter Section Division of Corporations  |                  |                              |  |            |
|------------------------|---|------------------|------------------------------|--|------------|
| CUDI                   | JECT: PROVAL TECHNOLOGIES, INC.   |                  |                              |  |            |
| SUDJ                   |   | f Resulting Flor | ida Profit                   | Corporation  |            |
|                        | nclosed Certificate of Conversion, Articlevi into a "Florida Profit Corporation" in a |                  |                              |  | r Business |
| Please                 | e return all correspondence concerning th   | is matter to:    |                              |  |            |
| VIKR                   | RAM KHANNA  |                  |                              |  |            |
|                        | Contact Person  |                  |                              |  |            |
| PROV                   | VAL TECHNOLOGIES, INC.  |                  |                              |  |            |
|                        | Firm/Company  |                  |                              |  |            |
| 332 S                  | OUTH MICHIGAN AVE 1032-\$74   |                  |                              |  |            |
|                        | Address   |                  | <del></del>                  |  |            |
| CHIC                   | AGO IL 60604  |                  |                              |  |            |
| -                      | City, State and Zip Co-   | de               | <del></del>                  |  |            |
|                        | NCEUS@PROVALTECH.COM  |                  |                              |  |            |
|                        | E-mail address: (to be used for future and  | nual report noti | lication)                    |  |            |
| For fi                 | urther information concerning this matter   | , please call:   |                              |  |            |
| VIKE                   | RAM KHANNA  | 312<br>at (      | 757-4                        | 510  |            |
|                        | Name of Contact Person  | Area             | ı Code and                   | l Daytime Telephone Number   |            |
| Enclo                  | osed is a check for the following amount:   |                  |                              |  |            |
| <b>□</b> \$1           | 05.00 Filing Fees ☐\$113.75 Filing Fees and Certificate of Status                     | and Certified    | _                            | ☐\$122.50 Filing Fees,<br>Certified Copy, and<br>Certificate of Status               |            |
| New<br>Divis<br>Clifto | EET ADDRESS: Filings Section ion of Corporations on Building Executive Center Circle  |                  | New F<br>Division<br>P. O. I | ING ADDRESS:<br>illings Section<br>on of Corporations<br>Box 6327<br>assee, FL 32314 |            |

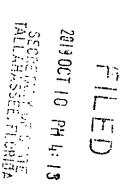
Tallahassee, FL 32301

## Certificate of Conversion 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: PROVAL TECHNOLOGIES, INC.   |
|--|
| 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.)  |
| first organized, formed or incorporated under the laws of  |
| (Enter state, or if a non-U.S. entity, the name of the country)  |
| AUGUST 24TH 2011   |
| 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 <u>attached Articles of Incorporation:</u> PROVAL TECHNOLOGIES, 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. |

Page 1 of 2



|  | 10   |
|--|--|
| Signed thisday of OCTOBER  | . 20   |
| Required Signature for Florida Profit Corporation:   |  |
| Signature of Chairman, Vice Chairman, Director, Office Incorporator:  Printed Name: VIKRAM KHANNA Title:             | cer, or, if Directors or Officers have not been selected, an |
| Required Signature(s) on behalf of Other Business  | Entity: [See below for required signature(s).]               |
| Signature:   |  |
| Printed Name: Vikram Khanna  | Title: Founder & CEO   |
| 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<br>Signature of one General Partner.                             | Partnership:   |
| If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.                              | Limited Partnership:   |
| 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<br>\$70.00<br>\$8.75 (Optional)<br>\$8.75 (Optional) |

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

 $\delta_{i+1} = (I_i, \bullet_i)$ 

| Address: Address:  | The principal place of business/mailing address is:  Principal street address 498 PALM SPRING DRIVE  SUITE \$10  ALTAMONTE SPRINGS, FL 32701  ALTAMONTE SPRINGS, FL 32701  ARTICLE III PURPOSE The purpose for which the corporation is organized is: IT CONSULTING: MANAGED SERVICES  ARTICLE IV SHARES The number of shares of stock is: \[ \left[ \text{\left[ \left[       | The name of the corporation shall be:  PROVAL TECHNOLO | OGIES, INC.       |
|--|--|--|-------------------|
| ARTICLE IV SHARES The number of shares of stock is: \[ \begin{array}{c ccccccccccccccccccccccccccccccccccc   | ARTICLE IV SHARES The number of shares of stock is:  VIKRAM KHANNA.  ACTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Same and Title:  ALTAMONTE SPRINGS DRIVE SUITE 310  Address:  ALTAMONTE SPRINGS FI. 32701  CHICAGO, IL 60604  CHICAGO, IL 60604 |  |                   |
| ARTICLE IV SHARES The number of shares of stock is: \_\O_\O_\O_\O_\O_\O_\O_\O_\O_\O_\O_\O_\O   | ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS  Same and Title:  ALTAMONTE SPRING, FL 32701  CHICAGO, IL 60604  CHIC | Principal street address<br>498 PALM SPRING DRIVE      |                   |
| ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Same and Title:  Address:  ALTAMONTE SPRING, FL 32701  Same and Title:  Address:   | ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Same and Title:  Address:  ALTAMONTE SPRING, FL 32701  Same and Title:  Address:   | SUITE 310  | 1032-874          |
| The purpose for which the corporation is organized is:  IT CONSULTING- MANAGED SERVICES  ARTICLE IV SHARES The number of shares of stock is: \\O \O   | The purpose for which the corporation is organized is:  IT CONSULTING- MANAGED SERVICES  ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Dame and Title:  WIKRAM KHANNA. CEO Name and Title:  Address:  ALTAMONTE SPRINGS DRIVE SUITE 310 Address:  ALTAMONTE SPRING, FL 32701  Dame and Title:  Name and Title:  Address:   | ALTAMONTE SPRINGS, FL 32701                            | CHICAGO, IL 60604 |
| The number of shares of stock is: \_\O \O \   | The number of shares of stock is: \_\O \O \   | The purpose for which the corporation is organized is: |                   |
| he number of shares of stock is: \_\O O O  RTICLE V INITIAL OFFICERS AND/OR DIRECTORS  ame and Title: \_\O Name and Title: \_\O Address: \_\O  | he number of shares of stock is: \_\O \O \  |  |                   |
| he number of shares of stock is: \_\O O O \_\  RTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Jame and Title: \   | he number of shares of stock is: \_\O \O \  |  |                   |
| The number of shares of stock is:  | The number of shares of stock is: \_\O \O \   |  |                   |
| The number of shares of stock is: \_\O O \O   | The number of shares of stock is: \_\O \O \   |  |                   |
| Name and Title:    VIKRAM KHANNA.   CEO   Name and Title:   Address:   Addres | Name and Title:    VIKRAM KHANNA.   CEO   Name and Title:  | he number of shares of stock is: \\000                 |                   |
| Name and Title:  Address:  ALTAMONTE SPRING, FL 32701  Name and Title:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:   | Name and Title:  Address:  ALTAMONTE SPRING, FL 32701  Name and Title:  Name and Title:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  | VIKPAM KHANNA CEO                                      | ECTORS            |
| Address:  ALTAMONTE SPRING, FL 32701  Jame and Title:  Address:  Address:  Address:  Address:  Address:  | Address:  ALTAMONTE SPRING, FL 32701  Jame and Title:  Address:  Address:  Address:  Address:  Address:  Address:  | same and little:                                       | Name and Title:   |
| dame and Title:  Address:  Address:  Name and Title:  Address:  Address:  Address:  Address:   | dame and Title:    Name and Title:   Address:   Name and Title:   Name and Title:   Address:   | address:   | Address:          |
| ddress:  Address:  Address:  Address:  Address:  | ddress: Address:    Address:   Ad | ALTAMONTE SERING, FL 52701                             |                   |
| Same and Title:Name and Title:   | Same and Title:Name and Title:   | Jame and Title:  | Name and Title:   |
| Valdress: Name and Title:  | Vame and Title:Name and Title:   | Address:   | Address:          |
| Address:   | Address:   |  | <del> </del>      |
|  | Address.   |  |                   |

12000

| ARTICL   | E VI REGISTERED AGENT   |   |           |
|----------|---|---|-----------|
| The name | and Florida street address (P.O. Box NOT accep  | table) of the registered agent is:  |           |
| Name:    | VIKRAM KHANNA   |   | ,         |
| Address: | 498 PALM SPRINGS DRIVE SUITE 310  |   |           |
|          | ALTAMONTE SPRING, FL 32701  |   |           |
| ARTICL   | E VII INCORPORATOR  |   |           |
| The name | and address of the Incorporator is:   |   |           |
| Name:    | VIKRAM KHANNA   |   |           |
| Address: | 498 PALM SPRINGS DRIVE SUITE 310  |   |           |
|          | ALTAMONTE SPRING, FL 32701  |   |           |
|          |   |   |           |
| ******   | ************  | ******  |           |
|          |   | process for the above stated corporation at the place designt as registered agent and agree to act in this capacity | natea in  |
|          | Khoum   | 10/10/2019  |           |
|          | Required Signature/Registered Agent   | Date _  |           |
|          | his document and affirm that the facts stated here<br>to the Department of State constitutes a third degi | in are true. I am aware that any false information submi<br>ee felony as provided for in s.817.155, F.S.            | tted in a |
|          | Mham  | 10/10/2019  |           |
| •        | Required Signature/Incorporator   | Date  |           |