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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

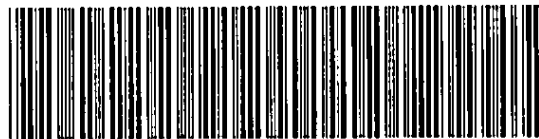
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 NOV 21 PM 12:43

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Empact Solutions Incorporated

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:

Elizabeth V. Siplin

Contact Person

Empact Solutions Inc.

Firm/Company

661 17th Avenue South

Address

City, State and Zip Code

St. Petersburg, FL 33701

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

For further information concerning this matter, please call:

Elizabeth V. Siplin

at (915) 355-7715

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 Fees ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of and Certified Copy Certified Copy, and
Status Certificate of Status

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

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:

Empact Solutions LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC L18-006203699
(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 FL
(Enter state, or if a non-U.S. entity, the name of the country)

on November 24, 2018

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**:

Empact Solutions Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: November 15, 2019

(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.

Signed this 15 day of November, 2019.

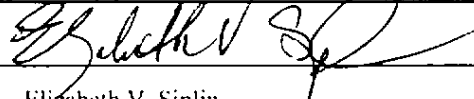
Required Signature for Florida Profit Corporation:

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

Incorporator: Elizabeth V. Siplin

Printed Name: Elizabeth V. Siplin Title: President

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

Signature: 

Printed Name: Elizabeth V. Siplin 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)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 NOV 21 PM 12:43

ARTICLE I NAME

The name of the corporation shall be: Empact Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

661 17th Avenue South

P.O. Box 1465

St. Petersburg, FL 33701

St. Petersburg, FL 33731

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

engage in and conduct any and all lawful businesses, activities or functions, and to carry on any other lawful activities in
connection with or incidental to the foregoing, as the Member(s) in their discretion shall determine.

ARTICLE IV SHARES

The number of shares of stock is: 500,000 - \$8 valuation

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elizabeth V. Siplin, President

Name and Title: _____

Address: 661 17th Avenue South

Address: _____

St. Petersburg, FL 33701

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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


Name: Elizabeth V. Siplin
Address: 661 17th Avenue South
St. Petersburg, FL 33701

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Empact Solutions Inc.
Address: P.O. Box 1465
St. Petersburg, FL 33701

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

 Elizabeth V. Siplin 15 Nov 19
Required Signature/Registered Agent 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.

 Elizabeth V. Siplin 15 Nov 19
Required Signature/Incorporator Date