

P240000 11495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

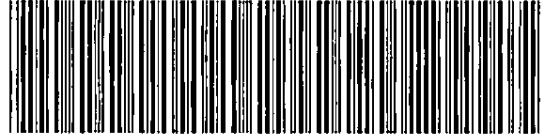
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500422601045

FILED

2024 FEB -8 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2024 FEB -8 AM 10:45
TALLAHASSEE, FLORIDA

W74000021862

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 2/8/2024

****WALK IN****

ENTITY NAME BIONIC PULSE, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$105.00

ACCOUNT #: I20160000072

S R JH

Please call Tina at the above number for any issues or concerns. *Thank you so much!*

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 01/12/2024

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Erika Easter

Contact Person

eMinutes, a law corporation

Firm/Company

228 Park Ave S, PMB 50845

Address

New York, NY 10003-1502

City, State and Zip Code

eteam@eminutes.com

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

For further information concerning this matter, please call:

Erika Easter

Name of Contact Person

at (310) 820-1000

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

Mailing Address:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

2024 FEB - 8 AM 9:25

FILED

Articles of Conversion
For
Converting Eligible Entity
Into
Florida Profit Corporation

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

Bionic Pulse, LLC

Enter Name of the Converting Entity

2. The converting entity is a 1 Limited Liability Company
(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-U.S. entity, the name of the country)

on 06-12-2012
Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Bionic Pulse, Inc.

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

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.

FILED
2024 FEB -8 AM 9:25
SECRETARY OF STATE
TALLAHASSEE FL

Signed this 12th day of January, 20 24.

Required Signature for Florida Profit Corporation:

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

Mudiaga Ewurdje

Printed Name: Mudiaga Ewurdje Title: President

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature: Mudiaga Ewurdje

Printed Name: Mudiaga Ewurdje Title: Manager

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:

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

2024 FEB -8 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

ARTICLES OF INCORPORATION
FOR RESULTING FLORIDA PROFIT CORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Bionic Pulse, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
800 Belle Terre Pkwy., Suite 200-317

Palm Coast, Florida 32164

Mailing address, if different is:
800 Belle Terre Pkwy., Suite 200-317

Palm Coast, Florida 32164

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Cloud Technologies

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Mudiaga Ewurdje, President

Address: 800 Belle Terre Pkwy., Suite 200-317

Palm.coast, Florida 32164

Name and Title: Mudiaga Ewurdje, Secretary

Address: 800 Belle Terre Pkwy., Suite 200-317

Palm coast, Florida 32164

Name and Title: _____

Address: _____

Name and Title: Mudiaga Ewurdje, Treasurer

Address: 800 Belle Terre Pkwy., Suite 200-317

Palm.coast, Florida 32164

Name and Title: Mudiaga Ewurdje, Director

Address: 800 Belle Terre Pkwy., Suite 200-317

Palm coast, Florida 32164

Name and Title: _____

Address: _____

2024 FEB -8 PM 9:25
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

ARTICLE VI REGISTERED AGENT

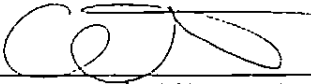
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: eResidentAgent, Inc.

Address: 115 N Calhoun St.Suite 4

Tallahassee, FL 32301

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

1/2/2024
Date

FILED
2024 FEB -8 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FL