

P 24000070173

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Digital4nx Group, Inc.,

Please Debit FCA000000003 For: 122.50

Thank you Seth Neeley



Signature

Requested by:

Name _____ Date _____ Time _____

Walk In _____ Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- Cert. Copy _____
- _____ Photo Copy _____
- Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Digital4nx Group, Inc.
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:

Jordan Cesana
Contact Person

DarrowEverett LLP
Firm/Company

One Turks Head Place, Suite 1200
Address

Providence, RI 02903
City, State and Zip Code

jcesana@darroweverett.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jordan Cesana at (401) 453-1200
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 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

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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:

Digital4nx Group, Ltd.

Enter Name of the Converting Entity

2. The converting entity is a corporation

(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 New Jersey

(Enter state, or if a non-U.S. entity, the name of the country)

on 12/23/2013

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**:

Digital4nx Group, 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: 11/13/2024

(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.

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Signed this 13th day of November, 2024.

Required Signature for Florida Profit Corporation:

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

Robert Kleeger

Printed Name: Robert Kleeger Title: Managing Director

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

Robert Kleeger

Printed Name: Robert Kleeger Title: Managing Director

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

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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)

**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: Digital4nx Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

1820 State Road 13, Ste 11-205
Saint Johns, FL 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation shall have the purpose of engaging in any lawful business
in which a corporation may carry on pursuant to the Florida Business
Corporation Act.

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ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Robert Kleeger, Managing Director

Name and Title: _____

Address: 1820 State Road 13, Ste 11-205
Saint Johns, FL 32259

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT

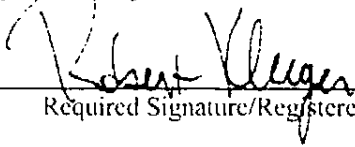
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Robert Kleeger

Address: 1820 State Road 13, Ste 11-205

Saint Johns, FL 32259

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

11/13/2024

Date

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SECRETARY OF STATE
TALLAHASSEE, FL

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Digital4nx Group, Inc.
8 South Main Street Unit 70
Marlboro, NJ 07746

November 13, 2024

Florida Department of State
Division of Corporations
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: Consent to Use of Name

To Whom It May Concern:

The undersigned, Robert Kleeger, as the Managing Director of Digital4nx Group, Inc. (Document Number P24000068191), a voluntarily dissolved Florida corporation, hereby approves, gives permission, and consents to the use and registration of the name "Digital4nx Group, Inc." to Digital4nx Group, Inc., for all purposes within the state of Florida.

Digital4nx Group, Inc. (Document Number P24000068191) hereby waives its rights to file a revocation of dissolution.

Thank you for your attention to this matter.

Digital4nx Group, Inc.
a Florida corporation

By: Robert Kleeger
Name: Robert Kleeger
Its: Managing Director

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STATE OF Rhode Island
COUNTY OF Providence

The foregoing instrument was acknowledged before me this November 15, 2024, by Robert Kleeger as the CEO of Digital4nx Group, Ltd.

Jasmine Carcieri (Seal)
Signature of Notary Public
Print Type/Stamp Name of Notary

JASMINE CARCIERI
Notary Public, State of Rhode Island
My Commission Expires 01/13/2027

Personally known: ✓
OR Produced Identification: _____ Type of Identification Produced: _____