

P24 0000 76799

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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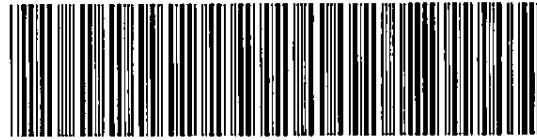
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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155 Office Plaza Dr Ste A Tallahassee FL 32301
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DATE: 12/19/2024

NAME: CUBE TECHNOLOGIES INC.

TYPE OF FILING: CONVERSION

COST: 122.50

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Cube Technologies 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:

Hector Hernandez

Contact Person

Cube Technologies Inc.

Firm/Company

13393 SW 131 Street

Address

Miami, FL 33186

City, State and Zip Code

hector@cube-usa.com

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

For further information concerning this matter, please call:

Hector Hernandez at (305) 9705742

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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TALLAHASSEE, FL

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:

Cube Technologies LLC

Enter Name of the Converting Entity

2. The converting entity is a **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 **March 31, 2023**

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:**

Cube Technologies 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.

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TAMPA, FLORIDA
CLERK OF THE CIRCUIT COURT

Signed Hector Hernandez 12/23/2024
3032E40173BF4D0...

Required Signature for Florida Profit Corporation:

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

DocuSigned by: Hector Hernandez 12/23/2024
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Printed Name: Hector Hernandez Title: CEO

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

Signature: Hector Hernandez 12/23/2024
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Printed Name: Hector Hernandez Title: CEO and Director

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)

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CLERK OF CIRCUIT COURT
JACKSONVILLE, FL

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Cube Technologies Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13393 SW 131 Street Miami,
FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized under the Florida Business Corporation Act

ARTICLE IV SHARES

The number of shares of stock is: 2,000,000 shares of common stock par value \$0.00001 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hector Hernandez, CEO and Director

Name and Title: _____

Address 13393 SW 131 Street Miami, FL 33186

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Hector Hernandez

Address: 13393 SW 131 Street Miami, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Hector Hernandez

Address: 13393 SW 131 Street Miami, FL 33186

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

DocuSigned by:

Hector Hernandez

12/23/2024

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Required Signature/Registered Agent – Hector Hernandez

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

DocuSigned by:

Hector Hernandez

12/23/2024

3032E40173BF4D0...
Required Signature/Incorporator – Hector Hernandez

Date

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MALLORCA STREET, FL