

P24000021939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

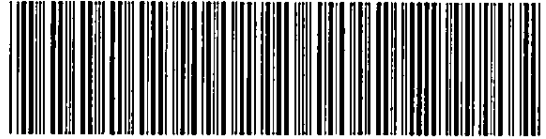
(Business Entity Name)

(Document Number)

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2024 MAR 27 PM 3:51  
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SECRETARY OF STATE  
TALLAHASSEE, FL 32304

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 03/27/2024

Acc#I20160000072

*en: c DW*

Name:	A+ Conferencing Inc.
Document #:	
Order #:	15458792

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
Certified Copy of	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
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Email Address for Annual Report Notifications:

<i>rselman@xcytedigital.com</i>
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Amount: \$ **78.75**

Thank you!

**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: A+ Conferencing Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address: 3500 Gateway Drive Mailing address, if different is:  
Pompano Beach, FL 33069

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Randy Selman, President/Director</u>	Name and Title:	_____
Address	<u>3500 Gateway Drive</u> <u>Pompano Beach, FL 33069</u>	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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27 MAR 27 11 3:51  
STATE  
OFFICE OF  
CORPORATION

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: C T Corporation System  
Address: 1200 South Pine Island Road Plantation  
FL 33324

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Jay Campbell  
Address: 424 Church St. Suite 800  
Nashville, TN 37219

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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.

*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*

By: C T Corporation System *Stephanie Hencz* Stephanie Hencz, Assistant Secretary 03/27/2024

Required Signature/Registered Agent

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.*

*[Signature]*  
Required Signature/Incorporator

03/27/2024  
Date