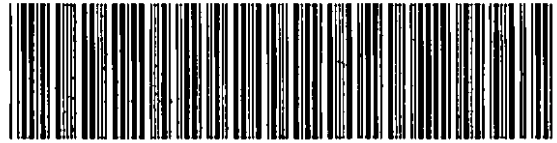


N1400005339



500311094525

03/30/18--01015--008 \*\*105.00

(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:  
  
W18-32048

Office Use Only

M. MOON  
MAY 14 2018

FILED  
18 APR 18 PM 12:30  
Sealed for Filing  
FILED APR 18 2018

COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: MAX INFINITY PROGRAMS INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee &  
Certificate of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: ANA ZEC-BOBEK  
Name (Printed or typed)

6126 BARTRAM VILLAGE DRIVE  
Address

JACKSONVILLE, FL 32258  
City, State & Zip

(904) 994-6243  
Daytime Telephone number

MAXINFINITYPROGRAMS@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

SEARCHED  
SERIALIZED  
INDEXED  
FILED

18 APR 18 PM 12:30

FILED

NOTE: Please provide the original and one copy of the articles.

**Certificate of Conversion**

For

**"Other Business Entity"**

Into

**Florida Profit Corporation**

*NON PROFIT*

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:

L17000040295      MAX INFINITY DESIGN LLC  
Enter Name of Other Business Entity

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

on 20.20.2017  
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:

FLORIDA, U.S.

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

MAX INFINITY PROGRAMS INC  
Enter Name of Florida Profit Corporation

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  
18 APR 18 PM 12:30  
STATE OF FLORIDA  
TALLAHASSEE

Signed this 3<sup>rd</sup> day of MARCH, 2018

NON

**Required Signature for Florida Profit Corporation:**

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

Incorporator: ANA ZEC-BOBEK

Printed Name: ANA ZEC-BOBEK Title: Director/Officer

FILED  
18 APR 18 PM 12:30

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

Signature: Ana Zec Bobek

Printed Name: ANA ZEC-BOBEK Title: Director/Officer

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

FILED  
18 APR 18 PM 12:30

**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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: MAX INFINITY PROGRAMS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:  
6126 BARTRAM VILLAGE DR  
JACKSONVILLE, FL 32258

Mailing address, if different is:  
P.O. Box 600312  
JACKSONVILLE, FL 32260-0312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO SERVE, PROVIDE AND EMPOWER  
YOUTH LEADERSHIP, MENTORING AND COMMUNITY IMPACT  
THROUGH DYNAMIC ENRICHMENT PROGRAMS THAT INSPIRE THE  
POSSIBILITY OF FUTURE STUDIES WHILE NURTURING MIND, BODY AND  
SPIRIT IN A TEAM ENVIRONMENT.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: \_\_\_\_\_

ELECTION BY THE BOARD.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Nela OUSHAT</u>	Name and Title: <u>CHAIRMAN OF THE BOARD</u>
Address: <u>14010 SADDLE HILL CT</u>	Address: _____
<u>JACKSONVILLE, FL 32258</u>	_____

Name and Title: <u>ANA ZEC-BOBEK</u>	Name and Title: <u>DIRECTOR / OFFICER</u>
Address: <u>6126 BARTRAM VILLAGE DR</u>	Address: _____
<u>JACKSONVILLE, FL 32258</u>	_____

Name and Title: <u>IVAN MAKSHOVIC</u>	Name and Title: <u>ASSISTANT DIRECTOR</u>
Address: _____	Address: _____
_____	_____

FILED  
18 APR 18 PM 12:00  
JACKSONVILLE, FL

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: NELA OVSHAK  
 Address: 14010 SADDLEKILL CT  
Jacksonville, FL 32258

FILED  
 18 APR 18 PM 12:30  
 STATE OF FLORIDA  
 FILED

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ANA ZEC-BOBEK  
 Address: 6126 BARTRAM VILLAGE DR  
Jacksonville, FL 32258

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03.27.2018 (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*

Nela Ovshak

Required Signature of Registered Agent

3.27.2018

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.*

Ana Zec-Bobek  
 Required Signature of Incorporator

3.27.2018

Date