

N22 000008596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

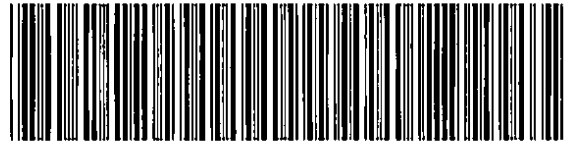
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2022 JUL 19 PM 2:03

22 JUL 27 AM 9:00

ALLAHASSEE, FL 09



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

22 JUL 27 AM 9:11

July 19, 2022

DANNY HAYES  
3972 N MONROE ST.  
TALLAHASSEE, FL 32303 US

SUBJECT: 423 ALL SAINTS CONDOMINIUM ASSOCIATION, INC  
Ref. Number: W22000094600

We have received your document for and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to Florida Statute 617, a not for profit corporation must have no less than three directors. Please amend the document to have three directors or a different title.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham  
Regulatory Specialist II  
New Filing Section

Letter Number: 622A00016099

2022 JUL 27 PM 1:16  
TALLAHASSEE, FLORIDA

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2022 JUL 27 PM 1:16

Articles of Conversion  
For  
Converting Eligible Entity  
Into  
Florida Profit Corporation  
non-profit

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. ~~607.11923~~ <sup>617</sup> & ~~607.0202~~ <sup>617</sup>, Florida Statutes.

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

423 All Saints Condo Assoc.  
Enter Name of the Converting Entity

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

on 5/10/2015  
Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida ~~Profit~~ <sup>non-profit</sup> Corporation as set forth in the attached Articles of Incorporation:

423 All Saints Condominium Association, Inc.  
Enter Name of Florida ~~Profit~~ <sup>non-profit</sup> 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.

22 JUL 27 AM 9:11

Signed this 25 day of May, 2022.

**Required Signature for Florida Profit Corporation:**

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

[Signature]

Printed Name: Daniel Hayes Title: C.A.M. Manager

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

Signature: [Signature]

Printed Name: Daniel Hayes 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)

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: 423 All Saints Condominium Association, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

3972 N Monroe St  
Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Condominium Homeowners Association

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: yearly elected

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adam Corey - Director  
Address: 3972 N Monroe St  
Tallahassee, FL 32303

Name and Title: Danny Hayes - Manager  
Address: 3972 N Monroe St  
Tallahassee, FL 32303

Name and Title: John Gabriel - Director  
Address: 3972 N Monroe St  
Tallahassee, FL 32303

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Ivan ~~Walker~~ Walker  
Address: Director  
3972 N Monroe St  
Tallahassee, FL 32303

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

22 JUL 27 AM 9:11

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: D. Hayes

Address: Danny Hayes

3972 N Monroe St  
Tallahassee, FL 32303

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: \_\_\_\_\_

Address: Danny Hayes

3972 N Monroe St  
Tallahassee, FL 32303

**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*

D. Hayes

Required Signature of Registered Agent

5-25-22

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.*

D. Hayes

Required Signature of Incorporator

5-25-22

Date