# PO800016486

•		
(Requestor's Name)		
(Address)		
(Address)		
( (dailed)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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T. CLINE

AUG 18 2008

**EXAMINER** 

# **COVER LETTER**

Division of	Section Corporations			
SUBJECT: The C	Gray Foundation (Name of Resulting	ng Florida Profit Corporati	on)	=
	icate of Conversion, As Business Entity" into a '	rticles of Incorporation	, and fees are submitt	
Please return all cor	respondence concernin	ng this matter to:		
Art Gray	(Contact Person)	<del></del>		
The Gray Foundation	(Firm/Company)	<del></del>		
6900 CR 214	(Address)	<u> </u>	TALE SE	200
Melrose, FL 32666	(City, State and Zip Code)		CRETARY LAHASSE	THE SUR B
	tion concerning this ma	ntter, please call:	E. FLORE	AUG 14 AM 10: 03
Art Gray		at ( 352 ) 475	5- <b>5645</b>	ىن
	ontact Person)		aytime Telephone Number	)
Enclosed is a check	for the following amou	unt:		
□\$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	
STREET ADDRESS:		MAILING A	ADDRESS:	
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		Registration Division of 6 P. O. Box 63 Tallahassee,	Corporations 27	

Tallahassee, FL 32301

# **Certificate of Conversion**

For

# "Other Business Entity"

Into

# Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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 E of Conversion is:	Entity" immediately prior to the filing of this $(2 \times 2 \times$				
The Gray Foundation	608030900323	·			
(Enter Name of Other Business Entity)					
2. The "Other Business Entity" is a so	ole proprietorship				
	mited liability company, limited partners	hip, sole			
proprietorship, general par	tnership, common law or business trust,	etc.E E			
first organized, formed or incorporated		至			
(Enter state, or if a no	on-U.S. entity, the name of the country)	13.5 14.0 14.0 14.0 14.0 14.0 14.0 14.0 14.0			
on Jan 30, 2008		norated)			
(Enter data "Other Pusiness En	tity" was first organized, formed or incor	noreited)			
		- EA 3			
	siness Entity" was changed, the state or cour	- EA 3			
3. If the jurisdiction of the "Other Bus laws of which it is now organized, for	siness Entity" was changed, the state or cour	ntry under the			
<ul><li>3. If the jurisdiction of the "Other Bus laws of which it is now organized, form</li><li>4. The name of the Florida Profit Corp</li></ul>	siness Entity" was changed, the state or cour med or incorporated:	ntry under the			
<ul> <li>3. If the jurisdiction of the "Other Bus laws of which it is now organized, form.</li> <li>4. The name of the Florida Profit Corp. Incorporation:</li> <li>The Gray Foundation Inc.</li> </ul>	siness Entity" was changed, the state or cour med or incorporated:	ntry under the			
<ul> <li>3. If the jurisdiction of the "Other Bus laws of which it is now organized, form.</li> <li>4. The name of the Florida Profit Corp. Incorporation:</li> <li>The Gray Foundation Inc.</li> </ul>	siness Entity" was changed, the state or counted or incorporated:  poration as set forth in the attached Article	ntry under the			
<ul> <li>3. If the jurisdiction of the "Other Bus laws of which it is now organized, form.</li> <li>4. The name of the Florida Profit Corp. Incorporation:</li> <li>The Gray Foundation Inc.</li> </ul>	siness Entity" was changed, the state or counted or incorporated:  poration as set forth in the attached Article  of Florida Profit Corporation)	ntry under the			

Signed this 11day of August	, 20_08
Required Signature for Florida Profit Corporat	ion:
Signature of Chairman, Vice Chairman, Director, Cbeen selected, an Incorporator:	
Printed Name: Art Gray Title:	Executive Director
Required Signature(s) on behalf of Other Business signature(s).]	<u>s Entity:</u> [See below for required
Signature:	The office Diseases
Printed Name: Art Gray	Title: Executive Director
Signature:	
Printed Name: Lilla Gray	Title: Program Director
Signature:	
Printed Name:	
Signature:	
Printed Name:	_ Title:
D*	TAR ASS
Signature:Printed Name:	Trial -
Timed Name.	
Signature:	
Printed Name:	Title: 플릭 요
If Florida General Partnership or Limited Liability Signature of one General Partner.	To happy
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	; <b>.</b>
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 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be:

The Gray Foundation Inc.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 6900 CR 214 Melrose, FL 32666

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Education for profit

# ARTICLE IV

The number of shares of stock is: 10

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Executive Director-Art Gray Program Director-Lilia Gray 6900 CR 214 Melrose, FL 32666

### ARTICLE VI REGISTERED AGENT

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

Art Gray 6900 CR 214 Melrose, FL 32666

ARTICLE VII	INCORPORATOR
The <b>name and ad</b>	dress of the Incorporator
Art Gray	

Art Gray 6900 CR 214 Melrose, FL 32666

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

is:

Signature/Registered Agent

Signature/Incorporator

8/11/08

Date

8/11/08

Date\_

SECRETARY OF STATE TALLAHASSEE, FLORIDA