

PH 00079141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

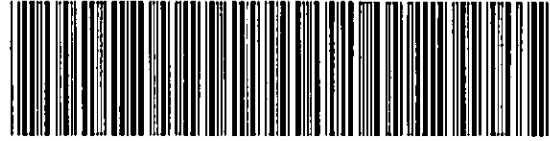
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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WLS-81321

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Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

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:
NATALIE M. BURNS, P.L. LU700012517
Enter Name of Other Business Entity

2. The "Other Business 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 11/06/2007
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:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:
BURNS LAW OFFICES, P.A.
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: AUGUST 1, 2018
(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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Section
TALL

Signed this 31ST day of AUGUST, 2018

Required Signature for Florida Profit Corporation:

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

Printed Name: NATALIE BURNS Title: OFFICER

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

Signature: _____

Printed Name: NATALIE BURNS Title: MGRM

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:

- Certificate 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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: BURNS LAW OFFICES, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address
800 VILLAGE SQUARE CROSSING
SUITE 337
PALM BEACH GARDENS, FL 33410

Mailing address, if different is:
800 VILLAGE SQUARE CROSSING
SUITE 337
PALM BEACH GARDENS, FL 33410

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PRACTICE OF LAW

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NATALIE BURNS, OFFICER

Address: 800 Village Square Crossing, Suite 337
Palm Beach Gardens, FL 33410

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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ARTICLE VI REGISTERED AGENT

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

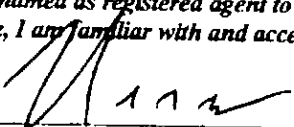
Name: NATALIE BURNS
Address: 800 Village Square Crossing, Suite 337
Palm Beach Gardens, FL 33410

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NATALIE BURNS
Address: 800 Village Square Crossing, Suite 337
Palm Beach Gardens, FL 33410

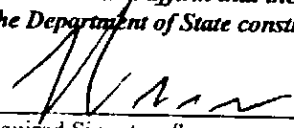
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

8/31/18
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.



Required Signature/Incorporator

8/31/18
Date

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SUCCEED
FALL 2018
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