

P18000086602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

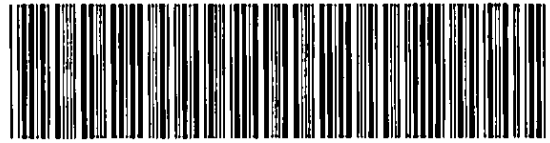
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500319766035

10/18/18--01014--018 **105.00

FILED
18 OCT 18 AM 9:43
STATE OF CALIFORNIA
CLERK OF SUPERIOR COURT

OCT 22 2018
T SCHROEDER

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: AYINDE MATTHEWS INSURANCE AND FINANCIAL SERVICES, INC.

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

EDWARD SERRA

Contact Person

SERRA & COMPANY CPA LLC

Firm/Company

6118 W CORPORATE OAKS DR

Address

CRYSTAL RIVER FL 34429

City, State and Zip Code

ED@EDSERRACPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWARD SERRA CPA

at (352) 794-3879

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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:

AMSF LLC LIB-140744
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 6/09/2018
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:

 N/A

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

 AYINDE MATTHEWS INSURANCE AND FINANCIAL SERVICES, 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 OCT 18 AM 9:43
DEPT. OF STATE, FLORIDA

Signed this 8th day of October, 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: [Signature]
Printed Name: AYINDE S MATTHEWS Title: Managing Member and President

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

Signature: [Signature]

Printed Name: Ayinde Matthews Title: Managing Member + President

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)

18 OCT 18 AM 9:43
21 ED

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: AYINDE MATTHEWS INSURANCE AND FINANCIAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address
747 NE 3RD STREET

CRYSTAL RIVER, FL 34429

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSURANCE AND FINANCIAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AYINDE S MATTHEWS, President

Address: 474 NE 3RD STREET

CRYSTAL RIVER FL 34429

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
18 OCT 18 AM 9:43
OFFICE OF THE CLERK
STATE OF FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: SERRA & COMPANY CPA LLC
Address: 6118 W CORPORATE OAKS DR
CRYSTAL RIVER FL 34429

ARTICLE VII INCORPORATOR

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

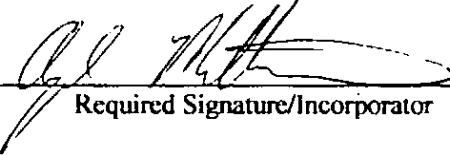
Name: AYINDE S MATTHEWS
Address: 747 NE 3RD STREET
CRYSTAL RIVER FL 34429

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

10/9/18
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

10/8/2018
Date

FILED
18 OCT 18 AM 9:43
STATE OF FLORIDA