

P190000 73620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

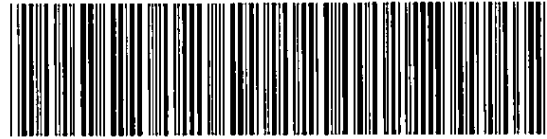
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2019

JOHN M. HOFFMAN, CPA PC

4951 BONITA BAY BLVD UNIT #401
BONITA SPRINGS, FL 34134 US

SUBJECT: JOHN M. HOFFMAN CPA PC
Ref. Number: W19000081848

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for JOHN M. HOFFMAN CPA PC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign your name and enter title on page 2 of the Conversion., *-DONT*

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the electronic filing cover sheet.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 619A00018538



John M. Hoffman
Certified Public Accountant



4951 Bonita Bay Blvd
Unit # 401
Bonita Springs FL 34134-1716

Cell 617-835-5610
Fax 877-300-7956
jhoffman@hoff-man.com

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August 7, 2019

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

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

Re: Conversion of my corporation to a Florida Corporation

I recently relocated to Florida from Georgia. I am a CPA and my business entity is a corporation (Professional Corporation or PC). I wish to have my corporation be a Florida corporation and not continue as a Georgia corporation. Enclosed please find my attempt at the paperwork to achieve this.

I have enclosed a check in the amount of \$113.75 payable to the Florida Department of State for the conversion fee, the Florida Profit Articles of Incorporation and certificate of status.

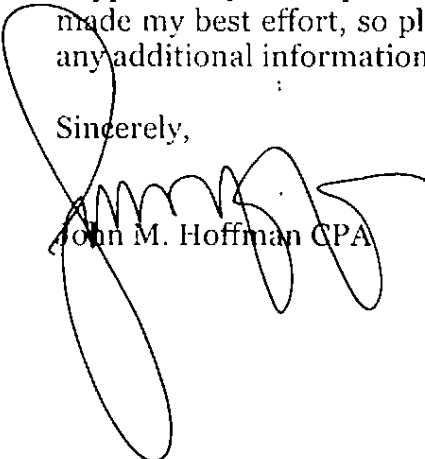
My business federal tax identification number is 26-1741255.

The address above is my home address, which is the same address that my corporation will use.

I am enclosing a copy of my certificate of incorporation from the State of Georgia. Prior to living and working in Georgia, I lived and worked in Massachusetts where I was originally incorporated. I can provide a copy of that paperwork from 2007 should you need.

I appreciate your help with this matter. I have never done this with Florida before, I have made my best effort, so please do not hesitate to contact me if there are any questions, any additional information is needed, or if I need to complete different forms.

Sincerely,


John M. Hoffman CPA

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: JOHN M. HOFFMAN CPA PA
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:

JOHN HOFFMAN
Contact Person

JOHN M. HOFFMAN CPA PA
Firm/Company

4951 BONITA BAY BLVD UNIT # 401
Address

BONITA SPRINGS FLORIDA 34134
City, State and Zip Code

JHOFFMAN@HOFF-MAN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN M. HOFFMAN at (617) 835-5610
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:

JOHN M. HOFFMAN CPA PC

Enter Name of Other Business Entity

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

on NOVEMBER 9, 2012
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:

(WANTING TO BE FLORIDA)

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

JOHN M. HOFFMAN CPA PA

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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Signed this 7TH day of AUGUST, 2019

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: JOHN M. HOFFMAN Title: OWNER, PRESIDENT

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

Signature: _____

Printed Name: JOHN M. HOFFMAN Title: PRESIDENT

NO
OTHERS

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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SECRETARY of STATE
TALLAHASSEE, FLORIDA

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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: JOHN M. HOFFMAN CPA PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address <u>4951 BONITA BAY BLVD</u> <u>UNIT # 401</u> <u>BONITA SPRINGS FL 34134</u>	Mailing address, if different is: _____ _____ _____
--	--

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE ACCOUNTING SERVICES CUSTOMARY of a
CERTIFIED PUBLIC ACCOUNTANT.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN M. HOFFMAN, PRESIDENT Name and Title: _____

Address: 4951 BONITA BAY BLVD #401 Address: _____
BONITA SPRINGS FL 34134

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FL 32311

ARTICLE VI REGISTERED AGENT

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

Name: JOHN M. HOFFMAN
Address: 4951 BONITA BAY BLVD #401
BONITA SPRINGS FL 34134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOHN M. HOFFMAN
Address: 4951 BONITA BAY BLVD # 401
BONITA SPRINGS FL 34134

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

8/7/2019
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

8/7/2019
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA