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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

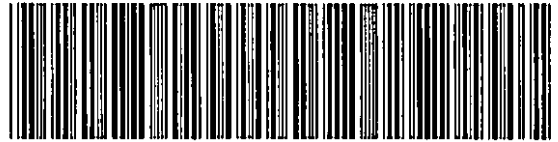
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUL 27 2020

FILED  
NEW YORK STATE  
20 JUL 27 AM 11:10

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: GA Stankard Enterprises, Inc.

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Jeffrey P Stankard

Contact Person

GA Stankard Enterprises, Inc.

Firm/Company

530 2nd Street South

Address

Naples, FL 34102

City, State and Zip Code

stankbeachola@gmail.com

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

For further information concerning this matter, please call:

Jeffrey P Stankard at ( 330 ) 714-7716

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

**Mailing Address:**

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

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Articles of Conversion**  
For  
**Converting Eligible Entity**  
Into  
**Florida Profit Corporation**

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. 607.11933 & 607.0202, Florida Statutes.

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

**GA Stankard Enterprises, Inc.**

Enter Name of the Converting Entity

2. The converting entity is a **S 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 **Ohio**

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

on **04/02/2004**

Enter date "Converting Entity" was first organized, formed or incorporated.

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

**GA Stankard Enterprises, Inc.**

Enter Name of Florida Profit 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.

20 APR 27 AM 11:10  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

Signed this 20th day of July, 2020.

**Required Signature for Florida Profit Corporation:**

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

Printed Name: Gina Stankard Title: President

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

Signature: 

Printed Name: Gina Stankard Title: 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:**

Articles 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  
FOR RESULTING FLORIDA PROFIT CORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**

FILED  
CLERK OF DISTRICT COURT  
20 JUN 27 AM 11:10  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**  
The name of the corporation shall be: GA Stankard Enterprises, Inc.

**ARTICLE II PRINCIPAL OFFICE**  
The principal place of business/ mailing address is:

Principal street address	Mailing address, if different is:
530 2nd Street South	
Naples, FL 34102	

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
To engage in any lawful act or authority for which a Corporation may be formed in compliance with Chapter 607 and/or Chapter 621 of the Florida Business Corporation Act, with full power and authority to do all things necessary or incident to the conduct of its business.

**ARTICLE IV SHARES**     100  
The number of shares of stock is:

**ARTICLE V OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Gina A Stankard, Chairman</u> Address: <u>530 2nd Street South</u> <u>Naples, FL 34102</u>	Name and Title: <u>Gina A Stankard, Secretary</u> Address: <u>530 2nd St South</u> <u>Naples, FL 34102</u>
Name and Title: <u>Jeffrey P Stankard, President</u> Address: <u>530 2nd Street South</u> <u>Naples, FL 34102</u>	Name and Title: _____ Address: _____
Name and Title: <u>Jeffrey P Stankard, Treasurer</u> Address: <u>530 2nd St South</u> <u>Naples, FL 34102</u>	Name and Title: _____ Address: _____

**ARTICLE VI REGISTERED AGENT**

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

Name: Jeffrey P Stankard  
Address: 530 2nd Street South  
Naples, FL 34102

\*\*\*\*\*

*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

8/27/2020  
Date