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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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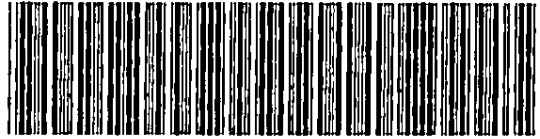
(Business Entity Name)

(Document Number)

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

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2023 JAN 20 AM 9:16  
JAN 20 2023

file 1/20/23

W22-81181

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ARROWS UNLIMITED FL, 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:

CAROL MCINTYRE  
Contact Person

Arrows Unlimited Inc  
Firm/Company

607 Sweetwater Club Cir  
Address

Longwood FL 32779  
City, State and Zip Code

Rinahmc@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROL MCINTYRE at (347) 495-6929  
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:

Arrows Unlimited INC.

Enter Name of the Converting Entity

2. The converting 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 New York State  
(Enter state, or if a non-U.S. entity, the name of the country)

on 9/15/2005  
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**:

Arrows Unlimited FL, Inc.

Enter Name of Florida Profit Corporaoun

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.)

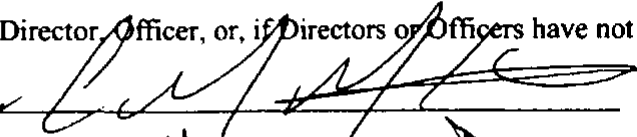
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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TALLAHASSEE, FLORIDA

Signed this 6 day of May, 2022

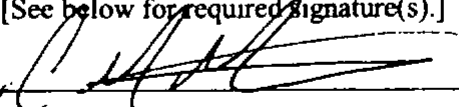
**Required Signature for Florida Profit Corporation:**

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



Printed Name: Carol McIntyre Title: Director / CEO

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

Signature:  N/A X

Printed Name: Carol McIntyre X Title: CEO X

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) |

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

**ARTICLE I NAME**

name of the corporation shall be: Arrows Unlimited FL, Inc.

**ARTICLE II PRINCIPAL OFFICE**

principal place of business/ mailing address is:

Principal street address

607 Sweetwater Club Circle  
Longwood, FL, 32779

Mailing address, if different is:

675 N Hunt Club Blvd  
Longwood, FL, 32779

**ARTICLE III PURPOSE**

purpose for which the corporation is organized is:

To provide behavioral health  
therapy to children with developmental  
delays, mainly autism. Services are  
provided on a one to one basis

**ARTICLE IV SHARES**

number of shares of stock is: 100

**ARTICLE V OFFICERS AND/OR DIRECTORS**

Name and Title: Carol McIntyre Director Name and Title: \_\_\_\_\_

Address: 607 Sweetwater Club Circle  
Longwood, FL, 32779

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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NOTARIAL PUBLIC  
JAN 20 2023

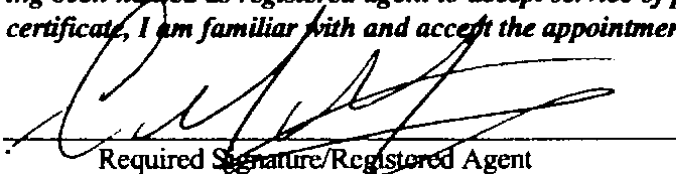
**ARTICLE VI REGISTERED AGENT**

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

ne: Carol McIntyre  
ress: 607 Sweetwater Club Cir  
Longwood, FL 32779

\*\*\*\*\*

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

  
Required Signature/Registered Agent

5/6/2022  
Date

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ALL INFORMATION  
RECORDED