

N160000007823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

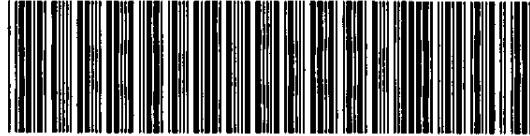
(Business Entity Name)

(Document Number)

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

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Office Use Only



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06/03/16--01005--012 \*\*25.00

06/09/16--01008--021 \*\*45.00

2016 AUG 9 10:14 AM

16 AUG -9 AM 8:57

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Self Narrate LLC

\_\_\_\_\_  
Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company" into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:

Jaron Jones

\_\_\_\_\_  
Contact Person

Self Narrate LLC

\_\_\_\_\_  
Firm/Company

328 SW 62nd Blvd, Apt 9

\_\_\_\_\_  
Address

Gainesville, FL 32607

\_\_\_\_\_  
City, State and Zip Code

brantelg@gmail.com

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

For further information concerning this matter, please call:

Brandon Telg

at (352) 2622904

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee  
and Certificate of  
Status

☐ \$55.00 Filing Fee  
and Certified Copy

☐ \$60.00 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

CR2E106 (07/14)

Dear Jessica Fason,

Thank you for letting us know that we filed the wrong form. Included in this envelope is the letter that you sent us saying that our form was incorrect.

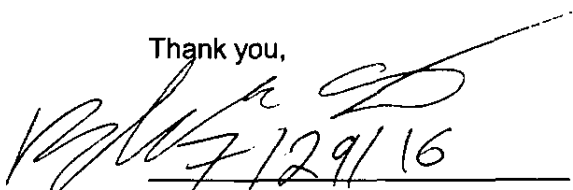
We are looking to dissolve Self Narrate LLC (which we have done online) and then, subsequently, form Self Narrate Inc. as a nonprofit corporation.

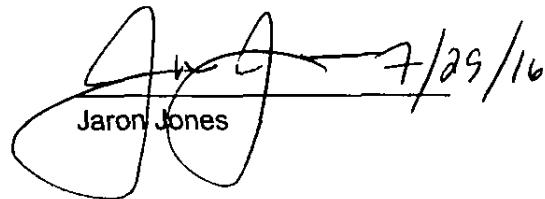
To be able to do this, we, the undersigned, who had registered Self Narrate, LLC, would like to release the organizational rights to the name "Self Narrate," so that we can then form Self Narrate Inc.

Since Self Narrate, LLC has been dissolved online, we would also like to incorporate Self Narrate, Inc as a nonprofit corporation, as per the Articles of Incorporation included in this envelope. We have included a check for \$45, which, when combined with the \$25 submitted previously (see your letter), makes for the total of \$70 to file the articles of incorporation. When we called the Division of Corporations on 6/23/16 and again on 7/28/16, we were told this was the proper procedure.

Please do not hesitate to let us know if there is anything else that we need to file to be able to incorporate the nonprofit corporation Self Narrate, Inc.

Thank you,

  
Brandon Telg

  
Jaron Jones

RECEIVED  
16 AUG -2 PM 3:06  
MAIL ROOM

# ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

## ARTICLE I NAME

The name of the corporation shall be: Self Narrate, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address:  
4472 Vienna Woods Way

Gainesville, FL 32605

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to operate exclusively for educational and charitable purposes within the meaning of section 501(c)(3) of the Internal Revenue Code or the corresponding section of any future Federal tax code. Self Narrate's purpose is to provide story-related education to the community. We provide education by giving free lectures and workshops on the power of personal storytelling. We also utilize social media channels and the corporation's website to provide facts, statistics and other related data on the importance of storytelling.

## ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: by board vote

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brandon Telg, Director

Address: 4472 Vienna Woods Way  
Gainesville, FL 32605

Name and Title: Jaron Jones, Director

Address: 328 SW 62nd Blvd, Apt 9  
Gainesville, FL 32607

Name and Title: Lindsey Telg, Director

Address: 4472 Vienna Woods Way  
Gainesville, FL 32605

Name and Title: Carly Barnes, Director

Address: 625 NE 1st Street  
Apt 8  
Gainesville, FL 32601

Name and Title: Syraj Syed, Director

Address: 6419 NW 37th Terrace  
Gainesville, FL 326543

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

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

16 AUG -9 AM 8:57

FILED

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

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

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Brandon Telg  
Address: 4472 Vienna Woods Way  
Gainesville, FL 32605

**ARTICLE VII INCORPORATOR**

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

Name: Brandon Telg  
Address: 4472 Vienna Woods Way  
Gainesville, FL 32605

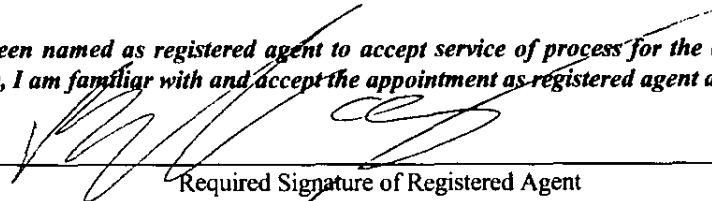
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**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.

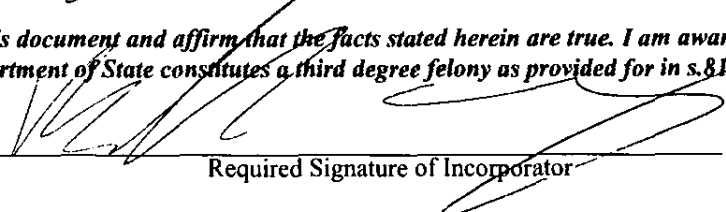
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature of Registered Agent

6/23/16

\_\_\_\_\_  
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 of Incorporator

6/23/16

\_\_\_\_\_  
Date