

N1700000/507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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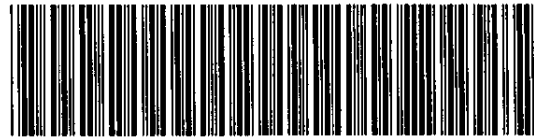
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/09/17--01018--019 **105.00

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TALLAHASSEE, FLORIDA

02/10/17

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: KERRI CARES, INC.

Name of Resulting Florida Non-Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Non-Profit Corporation" in accordance with s. 617.0122, F.S.

Please return all correspondence concerning this matter to:

KERRI HAGNER

Contact Person

KERRI CARES

Firm/Company

1199 S FEDERAL HWY STE 290

Address

BOCA RATON FL 333432

City, State and Zip Code

INFO@KERRICARES.COM

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

For further information concerning this matter, please call:

KERRI HAGNER

at (516) 456-3103

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

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Certificate of Conversion

For

"Other Business Entity"

Into

Florida Non-Profit Corporation

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This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Non-Profit Corporation** in accordance with s. 617.0122, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

KERRI CARES LLC

(216-117772) ✓

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 6/17/16 ✓

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:

FLORIDA

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

KERRI CARES, INC.

Enter Name of Florida Non-Profit Corporation

5. If not effective on the date of filing, enter the effective date: 2/8/17

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

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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Signed this 8 day of FEBRUARY, 2017.

Required Signature for Florida Non-Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: Kerri Hagner

Printed Name: Kerri Hagner Title: Director

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

Signature: Kerri Hagner

Printed Name: Kerri Hagner Title: Director and Managing Member

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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TALLAHASSEE, FLORIDA

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

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ARTICLE I NAME

The name of the corporation shall be: KERRI CARES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
1199 S FEDERAL HWY #290 BOCA RATON, FL 33432

Mailing address, if different is: _____

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A navigational service for people and family members whom are suffering from substance abuse disorder with personalized and effective programs to help them achieve long term sobriety and recovery.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

Elected at the annual meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kerri Hagner, Director Name and Title: _____

Address: 1199 S Federal Hwy Ste 290 Address: _____
Boca Raton, FL 33432

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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RETURNED CHECK

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: Kerri Hagner
Address: 1199 S Federal Hwy 290
Boca Raton, FL 33432

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kerri Hagner
Address: 1199 S Federal Hwy 290
Boca Raton, FL 33432

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 days prior or 90 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

Kerri Hagner
Required Signature of Registered Agent

2/8/17
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.

Kerri Hagner
Required Signature of Incorporator

2/8/17
Date