

N17000005145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

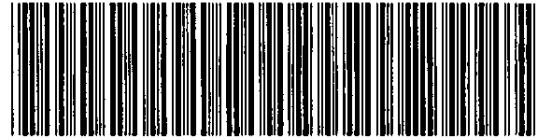
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900296022179

04/03/17--01036--014 \*\*30.00

05/16/17--01003--003 \*\*83.75

W17-30774

FILED  
17 MAY 15 PM 12:25  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. BURCH

MAY 16 2017

COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: Youth Influence Growth Haven, Inc.  
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:

Michael Davis  
Contact Person

Firm/Company

Address  
1118 Lake High View Lane  
Brandon, FL 33510  
City, State and Zip Code

Michael Davis 4710@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Davis at ( 813 ) 731-5679  
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 ☒ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,  
and Certificate of Status and Certified Copy 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



*Reply Is Attached*

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 10, 2017

MICHAEL DAVIS  
1118 LAKE HGVIEW LANE  
BRANDON, FL 33510

SUBJECT: YOUTH INFLUENCE GROWTH HAVEN INC  
Ref. Number: W17000030774

We have received your document for YOUTH INFLUENCE GROWTH HAVEN INC and check(s) totaling \$30.00 of which \$30.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$83.75 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You submitted the wrong type of form, proper forms enclosed.

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.

Tim Burch  
Regulatory Specialist III

Letter Number: 917A00006810

17 MAY 15 AM 8:25  
RECEIVED  
DIVISION OF CORPORATIONS

Certificate of Conversion  
For ✓  
"Other Business Entity"  
Non 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:

Youth Influence Growth Haven LLC

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

on 11-10-2016  
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 - United States

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

Youth Influence Growth Haven, Inc

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 11-10-2016

(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.

Signed this 8 day of Nov, 2017.

**Required Signature for Florida Profit Corporation:**

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

Printed Name: Michael Davis Title: President

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

Signature: Michael Davis

Printed Name: Michael Davis 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:**

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

ARTICLE I NAME

The name of the corporation shall be: Youth Influenza Growth Haven, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1118 Lake High View Lane  
Brandon, FL 33510

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide housing for foster  
Kids.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: The  
President and initial Board Members

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Michael Davis, President</u>	Name and Title:	<u>Vivienne A. Davis, Treasurer</u>
Address	<u>1118 Lake View Lane</u> <u>Brandon, FL 33510</u>	Address:	<u>4710 E. 98th Ave</u> <u>Tampa, FL 33617</u>

Name and Title:	<u>Karen Bacchar, Secretary</u>	Name and Title:	
Address	<u>2635 Bermuda Lake Dr #304</u> <u>Brandon, FL 33510</u>	Address:	

Name and Title:		Name and Title:	
Address		Address:	

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: Michael Davis

Address: 1118 Lakeview Lane

Brandon, FL 33510

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael Davis

Address: 1118 Lakeview Lane

Brandon, FL 33510

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 11-10-2016 (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

Michael Davis

Required Signature of Registered Agent

5-8-2017

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.

Michael Davis

Required Signature of Incorporator

5-8-2017

Date

FILED  
17 MAY 15 PM 12:25  
DEPT OF STATE  
ALBANY, FLORIDA