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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 26 2017

T SCHROEDER

## COVER LETTER

Department of State ,  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Paradise Community Outreach Ministry, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** John Washington, II, Esq.  
\_\_\_\_\_  
Name (Printed or typed)

4909 North Monroe Street  
\_\_\_\_\_  
Address

Tallahassee, FL 32303  
\_\_\_\_\_  
City, State & Zip

850/222-7895  
\_\_\_\_\_  
Daytime Telephone number

john@wash2law.com

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

**NOTE: Please provide the original and one copy of the articles.**

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Non Profit**  
**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. 6.17.1115, Florida Statutes.

Non-Profit

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

Paradise Community Outreach Ministry, LLC

U4-136290

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 7/20/2016

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:

N/A

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

Paradise Community Outreach Ministry, Inc.

Enter Name of Florida ~~Profit~~ Corporation

NonProfit

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_

(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 30<sup>th</sup> day of May, 2017.

**Required Signature for Florida <sup>NON</sup> Profit Corporation:**

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

Incorporator: Margaret Weston

Printed Name: Margaret Weston Title: Director

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

Signature: Margaret Weston

Printed Name: Margaret Weston Title: Managing Member

Signature: ~~Margaret Weston~~

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

**ARTICLE I NAME**

The name of the corporation shall be: Paradise Community Outreach Ministry, Inc..

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
14889 NW 135th Terrace

Alachua, FL 32615

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Supporting a community where its citizen can have the power to develop opportunities for themselves and others. Our goal is to provide opportunities for community members to access resources, materials, assistance; a local place easily accessible for learning experiences, possible employment, and social activities for children, families, young adults, adults and senior citizens.

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Margaret Weston, President

Address: PO Box 773  
Alachua, FL 32616

Name and Title: Leoris Richardson, Director

Address: PO Box 596  
Alachua, FL 32616

Name and Title: Gail Jones, Vice President

Address: PO Box 864  
Alachua, FL 32616

Name and Title: Leon West, Director

Address: PO Box 684  
Alachua, FL 32616

Name and Title: Patricia West, Sec/Treas

Address: PO Box 1548  
Alachua, FL 32616

Name and Title: Inez Williams, Director

Address: PO Box 1  
Alachua, FL 32616

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
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 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: John Washington, II, Esquire  
 Address: 4909 N. Monroe Street  
Tallahassee, FL 32303

**ARTICLE VII INCORPORATOR**

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

Name: Margaret Weston  
 Address: PO Box 773  
Alachua, FL 32316

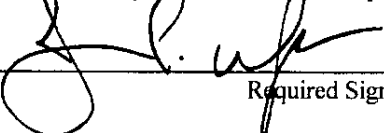
**ARTICLE VIII EFFECTIVE DATE:**

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*

  
 Required Signature of Registered Agent

5/30/17  
 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.*

Margaret Weston  
 Required Signature of Incorporator

5/30/17  
 Date

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