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T. BURCH 0CT 17 2017

#### **COVER LETTER**

TO: Charter Section

Tallahassee, FL 32301

Division of Corporations .
SUBJECT: CHERYL Williams MINISTRES. 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:
CHERYL Williams Contact Person
Contact Person
CHERYL Williams MINNEYres TNC. Firm/Company
18323 Minorea Lane
Lehigh Acres FZ 33936  City, State and Zip Code
Cherylwilliamsministries & gmail, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CHERL Williams at (954) 559-6618  Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
S105.00 Filing Fees and Certificate of Status    S113.75 Filing Fees and Certified Copy   Status   S122.50 Filing Fees   Certified Copy   Certificate of Status   Certificate
STREET ADDRESS:MAILING ADDRESS:New Filings SectionNew Filings SectionDivision of CorporationsDivision of CorporationsClifton BuildingP. O. Box 63272661 Executive Center CircleTallahassee, FL 32314



### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2017

CHERYL WILLIAMS 18323 MINOREA LANE LEHIGH ACRES, FL 33936

SUBJECT: CHERYL WILLIAMS MINISTRIES, INC.

Ref. Number: W17000072645

We have received your document for CHERYL WILLIAMS MINISTRIES, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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: 217A00020119

DIVIS BUREAU INFORM



### FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

17 OCT -3 PM 4: 33

SUREAU OF COMMERCIAL
INFORMATION SERVICES

September 6, 2017

CHERYL WILLIAMS 18323 MINOREA LANE LEHIGH ACRES, FL 33936

SUBJECT: CHERYL WILLIAMS MINISTRIES, INC.

Ref. Number: W17000072645

We have received your document for CHERYL WILLIAMS MINISTRIES, INC. and check(s) totaling \$25.00 of which \$25.00 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 \$80.00 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 are 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: 617A00018355

# For "Other Business Entity" won 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:
CHERYL Williams Ministries LLC L14-96063
Enter Name of Other Business Entity  2. The "Other Business Entity" is a  (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 <u>FLOUDA</u> (Enter state, or if a non-U.S. entity, the name of the country)
on 6/16/2014 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:  FLELIOA
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> :
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 10117  (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 degree of the degree on the Department of State's records.

Signed this 26 day of September	. 20_/7
مبرر Required Signature for Florida Profit Corporation:	
Signature of Chairman, Vice Chairman, Director, Office Incorporator:  Printed Name: CHELY Williams Title: Fres	eer, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business I	Entity: [See below for required signature(s).]
Signature: Lesse D. Williams	
Printed Name: Jessie Williams Signature: Yarea Chipman	Title: Vice President
Signature: Yarea Chipman	
Printed Name: Tarca Chipman	_ Title: <u>Secretary</u>
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

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

The name of the corporation shall be: CHERYL U	Villians Ministeres, Inc.
ARTICLE II PRINCIPAL OFFICE	
Principal <u>street</u> address: 18323 Minorea Lane	Mailing address, if different is:
Letion Acres, FZ 3393	56
and social fraining/developed or international; active common mentoring/empowerment programment programment programment workshops and conferences; writing and possibly TV/Rad	provide biblical, spiritual, personal, ment to local Churches statewide munity involvement through a youth ram; faciliting lithingical dance public speaking to women; book is appearances.  In which the directors are elected and appointed: by the President
ARTICLE V INITIAL OFFICERS AND/OR DIRECTO	
Name and Title: CHEKYL Williams Pres.	
Address 18333 Minores Lane Lehigh Apriles FZ 33936	, _
Name and Title: Taren Chipman Sec.  Address 1818 NW 91 St.  Miami FL 33	Address:
Name and Title:Address	
	<del>-</del>

Name and Title:	· .	Name and Title:		
Address		Address:		
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Name and Title:_		Name and Title:		
Address		Address:		
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	<i>REGISTERED AGENT</i> orida street address (P.O. Box NOT accep	otable) of the registered age	ent is:	
Name:	CHERIL Williams			
Address:	18323 Minorea Lan	e_		27 7
	Lehigh Acres FZ 3393	36		FILED 17 OCT 16: PM
	INCORPORATOR  Idress of the Incorporator is:			Par III
Name:	CHERYL Williams			章 注 2
Address:	18323 Minorea Las	 1e		<b>6</b> 00
Address.	CHERYL Williams 18333 Minorea Lar Lehigh Acres FZ 339	136		
Effective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific an		PTIONAL) ive days prior or 90 d	ays after the filing.)
Note: If the date	inserted in this block does not meet the aptive date on the Department of State's reco	oplicable statutory filing re		
certificate, I am f	ned as registered agent to accept service  Camiliar with and accept the appointment a	is registered agent and agi	ee to act in this capaci	ty /
	Herf & Williams Required Signature of Registered	Agent	<u> 9/</u>	36/3017 Date
I submit this doc to the Departmen	ument and affirm that the facts stated here it of State constitutes a third degree felony	rin are true. I am aware th as provided for in s.817.1.	oat any false informatio 55, F.S.	on submitted in a document
	Result R. W. Signature of Incol		_/0,	11/2017
	() Required Signature of Incor	morator	•	Date