

N170000010844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

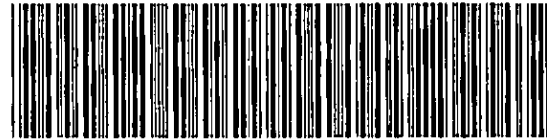
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: NWFL Encounters, 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.

Florida Not For Profit Corporation

617.1115, F.S.

Please return all correspondence concerning this matter to:

MATTHEW SHAWN HARTZ

Contact Person

Firm/Company

1707 DADS RD

Address

BAKER, FL 32531

City, State and Zip Code

nwflencounters@gmail.com

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

For further information concerning this matter, please call:

Matthew Shawn Hartz

at

(850) 699-0967

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

Florida Not For 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.
Florida Not For Profit Corporation 617.1115

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

NWFL Encounters, LLC

417-6741

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Liability Company (LLC)

(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 01/09/2017, 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 Not For Profit Corporation

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

NWFL ENCOUNTERS, INC.

Enter Name of Florida Profit Corporation

Florida Not For Profit Corporation

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

(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 document's effective date on the Department of State's records.

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Signed this ~~20th~~ day of October, 2017

Florida Not For Profit Corporation

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an
Incorporator: Matthew Shawn Hartz

Printed Name: Matthew Shawn Hartz Title: Director

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

Signature: Matthew Shawn Hartz

Printed Name: MATTHEW SHAWN HARTZ Title: DIRECTOR

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

ARTICLE I NAME

The name of the corporation shall be: NWFL ENCOUNTERS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1707 DADS RD
BAKER, FL 32531

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide a safe place for men and women to deal with issues of life that
have kept them bound from a life of freedom in Christ. Our mission is to awaken the church and the world out of it's stupor and
complacency, free the broken hearted, and spread the Good News of Jesus until all are reached.

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

As stated in the by laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

DIRECTOR
Name and Title: Matthew Shawn Hartz, ~~Senior Leader~~
Address: 1707 Dads Rd
Baker, FL 32531

ASSISTANT DIRECTOR
Name and Title: Susan Brown-Hartz, ~~Associate Leader~~
Address: 1707 Dads Rd
Baker, FL 32531

ASSISTANT DIRECTOR
Name and Title: Robert Wayne Nestle, ~~Associate Leader~~
Address: 5108 Bradford Dr.
Pace, FL 32571

ASSISTANT DIRECTOR
Name and Title: Dianne Marie Nestle, ~~Associate Leader~~
Address: 5108 Bradford Dr.
Pace, FL 32571

AUTHORIZED REPRESENTATIVE
Name and Title: Donald Paul Ward, ~~Associate Leader~~
Address: 1325 Lee Avenue
Baker, FL 32531

AUTHORIZED REPRESENTATIVE
Name and Title: Angela Marie Ward, ~~Associate Leader~~
Address: 1325 Lee Avenue
Baker, FL 32531

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AUTHORIZED REPRESENTATIVE

Name and Title: Scott Corey Miller, ~~Associate Leader~~
Address: 4542 Jeffers Dr.
Wing, AL 36483

AUTHORIZED REPRESENTATIVE

Name and Title: Jennifer Miller, ~~Associate Leader~~
Address: 4542 Jeffers Dr.
Wing, AL 36483

AUTHORIZED REPRESENTATIVE

Name and Title: Randal Martin, ~~Associate Leader~~
Address: 1075 Stanley Lane
Baker, FL 32531

AUTHORIZED REPRESENTATIVE

Name and Title: Annette Martin, ~~Associate Leader~~
Address: 1075 Stanley Lane
Baker, FL 32531

ARTICLE VI REGISTERED AGENT

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

Name: Matthew Shawn Hartz
Address: 1707 Dads Rd
Baker, FL 32531

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Matthew Shawn Hartz
Address: 1707 Dads Rd
Baker, FL 32531

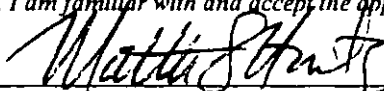
ARTICLE VIII EFFECTIVE DATE:

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.

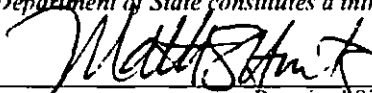
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

~~10/12/17~~ 10/24/17
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.



Required Signature of Incorporator

~~10/12/17~~ 10/24/17
Date