

N18000002092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

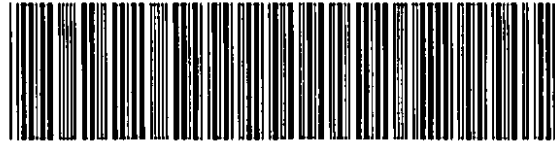
(Document Number)

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

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TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** ZERO HOUR LIFE CENTER, 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: Robert Cooper  
Name (Printed or typed)

3070 W Cardinal St  
Address

Leecanto, FL, 34461  
City, State & Zip

352-765-4943  
Daytime Telephone number

zerohourfla@gmail.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

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

Certificate of Conversion

For

"Other Business Entity"

Into

Florida ~~Profit~~ CorporationNot for Profit

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. 607.115, Florida Statutes.

Not for Profit617,

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

Zero Hour Life Center, LLC

417-73332

Enter Name of Other Business Entity

2. The "Other Business Entity" is a 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 3/31/2017

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:

n/a

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

Zero Hour Life Center, Inc

Enter Name of Florida ~~Profit~~ Corporation  
Not for Profit

5. If not effective on the date of filing, enter the effective date: 01/22/2018

(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 1st day of February, 2018.

**Required Signature for Florida Profit Corporation:**

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

Printed Name: Robert Cooper Title: Founder

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

Signature: [Signature]

Printed Name: Mary Jensen Title: Founder

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.

[Signature]

**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: Zero Hour Life Center, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
3070 W Cardinal St

Mailing address, if different is:

Lecanto, FL, 34461

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The purpose of the corporation is exclusively for charitable, religious,  
educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt  
organizations under section 501(c)(3) of the internal revenue code, or the corresponding section of any future federal tax code and  
herein stated as follows:

The specific purpose of this corporation is to provide community outreach programs, services, support groups, advocacy,  
education, training, and public awareness programs, and any other related support or service that promotes long-term recovery  
from addiction, alcoholism, or substance abuse.

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

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

Name and Title: Robert Cooper, President Name and Title: \_\_\_\_\_

Address: 3070 W Cardinal St Address: \_\_\_\_\_  
Lecanto, FL, 34461

Name and Title: Mary Jensen, Treasurer Name and Title: \_\_\_\_\_

Address: 3070 W Cardinal St Address: \_\_\_\_\_  
Lecanto, FL, 34461

Name and Title: Larry Thomas, Secretary Name and Title: \_\_\_\_\_

Address: 1881 Remembrance Ave Address: \_\_\_\_\_  
St. Cloud, FL, 34769

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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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: Robert Cooper

Address: 3070 W Cardinal St

Lecanto, FL, 34461

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mary Jensen

Address: 3070 W Cardinal St

Lecanto, FL, 34461

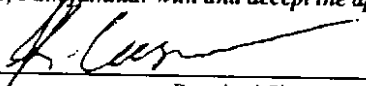
**ARTICLE VIII EFFECTIVE DATE:**

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*

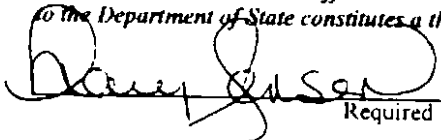


Required Signature of Registered Agent

2/26/2018

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

2/26/2018

Date

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