

# N18000004240

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

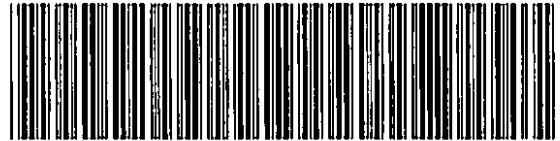
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

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T SCHROEDER

COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: Wholehearted Fine Arts Inc  
Name of Resulting Florida ~~Profit~~ Corporation  
Non Profit

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.  
Non Profit

Please return all correspondence concerning this matter to: W

Mikayla Jones  
Contact Person

Wholehearted Fine Arts Inc  
Firm/Company

2067 SW Cranberry St.  
Address

PSC FL 34953  
City, State and Zip Code

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

For further information concerning this matter, please call:

Mikayla Jones at (813) 702-9898  
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

**Certificate of Conversion**

For

**"Other Business Entity"**

Into

**Florida Profit Corporation**

*Non Profit*

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a Florida ~~Profit~~ *Non Profit* Corporation in accordance with s. ~~607.0115~~ *617*, Florida Statutes.

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

*Whole Hearted Fine Arts LLC L18-63462*

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 *April 2, 2018*  
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:

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

*Whole Hearted Fine Arts, Inc*

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: *4/2/18*

(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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CLERK OF THE COURT  
JANUARY 31 2018

Signed this 2 day of April, 2016.

**Required Signature for Florida Profit Corporation:**

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

Incorporator: R. Williams

Printed Name: Rebecca Williams Director

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

Signature: R. Williams

Printed Name: Rebecca Williams Title: Musical Director

Signature: Mikayla Jones

Printed Name: Mikayla Jones Title: Administrative Asst

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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CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

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

**ARTICLE I NAME**

Wholehearted Fine Arts, Inc.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
2067 SW Cranberry Street

Port Saint Lucie, FL 34953

Mailing address, if different is:  
P.O. Box 880697

Port Saint Lucie, FL 34988-0697

**ARTICLE III PURPOSE**

Wholehearted Fine Arts is dedicated to enriching lives through  
The purpose for which the corporation is organized is: \_\_\_\_\_  
participation in research based practices within a spectrum of the fine arts. Throughout every stage of life,  
from infants to seniors, wholehearted fine arts offers a forum to improve physical and mental health, enhance  
brain function and academic performance as well as provides a platform for authentic social interaction  
and belonging.

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

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

Name and Title: Rebecca Williams - Music Director

Address: 2091 SW Bellevue Street  
Port Saint Lucie, FL 34953

Name and Title: Mikayla Jones- Administrative Assis

Address: 2067 SW Cranberry Street  
Port Saint Lucie, FL 34953

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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CLERK OF DISTRICT COURT  
ST. JAMES COUNTY, FLORIDA

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: Mikayla Jones  
Address: 2067 SW Cranberry Street  
PSL, FL 34953

**ARTICLE VII INCORPORATOR**

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

Name: Mikayla Jones  
Address: 2067 SW Cranberry Street  
PSL, FL 34953

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CLERK OF THE COURT  
JANET L. HARRIS

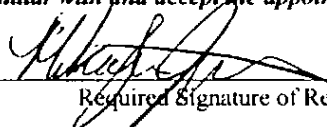
**ARTICLE VIII EFFECTIVE DATE:** 4/2/18

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.

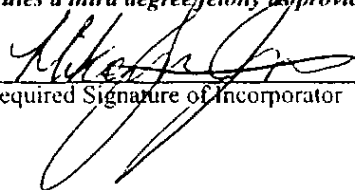
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature of Registered Agent

4/2/18

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

4/2/18

Date