

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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04/10/18--01018--010 **78.75



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COVER LETTER

TO: Charter Section Division of Corporations

Save A Soul 365 Inc. Name of Resulting Florida Profit Corporation SUBJECT: NUNPROFIT 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. 507.1115, F.S. NON profit 617 Please return all correspondence concerning this matter to: Moncion-Taylor Contact Person 365 Inc Firm/Company Beach FL 3301 APR 10 PH 1: Le a Soul 365 a gmail . Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mrs. <u>Tay lor</u> at (<u>954</u>) <u>682-0/53</u> 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

STREET ADDRESS:

New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

and Certificate of

Status

□\$113.75 Filing Fee and Certified Copy □\$122.50 Filing Fees, Certified Copy, and Certificate of Status

MAILING ADDRESS:

New Filings Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 <u>Certificate of Conversion</u> For <u>"Other Business Entity"</u> Into <u>Florida Profit Corporation</u> NON Prof. f

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. $\frac{607,1115}{617}$. Florida Statutes.

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

L17000231996 Soul 365 LLC Enter Name of Other Business Entity alle A 2. The "Other Business Entity" is a _____ (Enter entity type. Example: (imited liability company) limited partnership, general partnership, common law or business trust, etc.) first organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name on 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: ස් APR 10 NUN PIUFL'+ 4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation PM 4: 35 <u>355 Inc</u> Enter Name of Florida Profit Corporation ade NON PROFILE 4/10/2018 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.)

<u>Note:</u> 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.

Page 1 of 2

	cer. or. if Directors or Officers have not be	een selec	ted.
Incorporator: Printed Name: Ruth M-Ruper Title: Pro	sident		
Required Signature(s) on behalf of Other Business			
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:		_	
Printed Name:	Title:	-	
Signature:			
Printed Name:	Title:		8
Signature:		- 745 - 745	APK
Printed Name:	Títle:		C
Signature:			5 N N .
Printed Name:	Title:	;	((
If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners. If Florida Limited Liability Company: Signature of a Member or Authorized Representative. <u>All others:</u> 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)		

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

<u>ARTICLE I</u> The same of	<u>N.4.ME</u> the corporation shall be: <u>Scarbo</u>	A Soul	365 Inc
<u>ARTICLE /</u>	I PRINCIPAL OFFICE		
	Principal street address:		Mailing address, if different is:
	SO NE ast Street		
Po	mptine Beach FL 33	061	
The purpose <i>designed</i>	1 to reach out to	(<u>a rist</u>	a Fice youth mentoring proyon youth ages 9-19 and get cs. Ou yout is to become their
			Chrocinge them to become
_Gbu	etter citizeg		
ARTICLE P	State2 in the by Initial OFFICERS AND/OR DIREC	tors	lirectors are elected and appointed: <u>Sole</u>
Address			-730 NE 2516 St 1000000
	Pompana brach FL 3301	,	Brach FL 33064
Name and T	itle: Wisclande Muxim Secretas	/_ Name and T	
Address	41472 NH 11419 Are		
	Court Springs FL 33065		
Name and T	itle:	Name and Ti	itle:
Address			

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Name and Title:	Name and Title:
Address	Address:
	- <u></u>
Name and Title	Name and fitle:
Address	

ARTICLE VI REGISTERED AGENT

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

Name:	Wischarle Monion	 .
Address:	4147 NW 1:41 Ave	18 A
	Cural Springs FC 3:065	IPR 10
<u>ARTICLE VII</u> The <u>name and a</u>	<u>INCORPORATOR</u> address of the Incorporator is:	
Name:	Ruth Moncion= Taylor	ୁ କରୁ କରୁ ଜୁନ ପ୍ର ଜୁନ ପ୍ର
Address:	TOC NC 251M St Panpuno	
	Beach FL 330x5/	

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

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.

<u>5/16/18</u>

<u>5/16/18</u> Date

Required Signature of Incorporator