

118000008353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

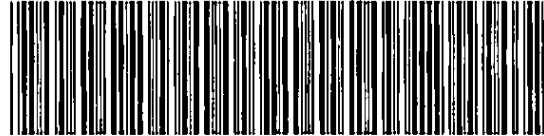
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900316276409

07/30/16--01:52--011 \*\*10.00

FILED

218 AUG -1 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. PAGE

AUG - 2 2018

K. PAGE  
AUG - 2 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 31, 2018

LUWANNA S RILES  
PO BOX 693936  
MIAMI, FL 33269

SUBJECT: BUTTERFLY EFFECT GIRLS MENTORING PROGRAM LLC  
Ref. Number: W18000069414

We have received your document for BUTTERFLY EFFECT GIRLS MENTORING PROGRAM LLC 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 HAVE SUBMITTED THE WRONG ARTICLES OF CONVERSION.

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.

Keyna E Page  
Regulatory Specialist II

Letter Number: 918A00015691

COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: Butterfly Effect Girls Mentoring  
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. 607.115, F.S.

Please return all correspondence concerning this matter to:

LuWanna Riles  
Contact Person

LSR Management & Consulting, Inc.  
Firm/Company

P.O. Box 693936  
Address

Miami, FL 33269  
City, State and Zip Code

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

For further information concerning this matter, please call:

LuWanna Riles at (305) 384-8909  
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 and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☐ \$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

RECEIVED  
TALLAHASSEE, FLORIDA

21 AUG - 1 AM 9:09

FILED

INFORMATION SERVICES

2018 AUG - 1 PM 12:26

RECEIVED

Certificate of Conversion  
For  
"Other Business Entity"  
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:

Butterfly Effect Girls Mentoring Program, LLC L18-12847  
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 01/10/2018  
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:

N/A

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

Butterfly Effect Girls Mentoring, Inc.  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 07/31/18  
(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.

FILED  
2018 AUG -1 AM 9:09  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Signed this 31<sup>st</sup> day of July, 20 18.

**Required Signature for Florida Profit Corporation:**

X Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an  
Incorporator: [Signature]  
Printed Name: L. W. Biles Title: incorporator

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

X Signature: [Signature]  
Printed Name: Leamie Allen Title: Director / 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.

**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)

FILED  
2018 AUG -1 AM 9:09  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: Butterfly Effect Girls Mentoring, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3061 NW 95 Street  
Miami, FL 33147

Mailing address, if different is:

3061 NW 95 Street  
Miami, FL 33147

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO cultivate teenage girls into being strong, healthy, goal-oriented young women by enhancing social skills and emotional well-being through character development, integrity, accountability and social awareness.

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:	<u>Leomise Allen - President</u>	Name and Title:	<u>Nomie Joseph - Secretary</u>
Address:	<u>3061 NW 95<sup>th</sup> Street</u> <u>Miami, FL 33147</u>	Address:	<u>2200 Acapulco Drive</u> <u>Miramar, FL 33023</u>
Name and Title:	<u>Katrina Charles - Treasurer</u>	Name and Title:	<u>Veronica Hargrett - 2nd Vice President</u>
Address:	<u>114 Sedona Lane Apt #3</u> <u>Dothan, AL 36301</u>	Address:	<u>21207 NW 14<sup>th</sup> Place</u> <u>#228</u> <u>Miami Gardens, FL 33169</u>
Name and Title:	<u>Gladys N. Bell - Treasurer</u>	Name and Title:	<u>LaTonya Brown - 1st Vice President</u>
Address:	<u>2415 NW 161 Street</u> <u>Miami, FL 33054</u>	Address:	<u>8540 NW 32 Court</u> <u>Miami, FL 33147</u>

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:

Luhanna S. Riles

Address:

18087 NW 41st Ct  
Miami Gardens, FL 33055

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Luhanna S. Riles

Address:

18087 NW 41st Ct  
Miami Garden, FL 33055

**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

Luhanna S. Riles  
Required Signature of Registered Agent

July 22, 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.

Luhanna S. Riles  
Required Signature of Incorporator

July 22, 2018  
Date

2018 AUG -1 AM 9:09  
TALLAHASSEE, FLORIDA