

N/18000008790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

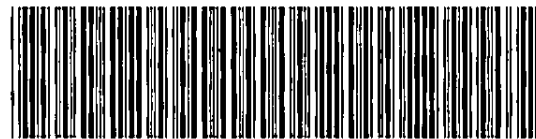
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## COVER LETTER

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Ladies 327 Supper Club, LLC to Ladies 327 Supper Club, Inc. (a nonprofit corporation)

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 ~~XXXX~~ Corporation" in accordance with s. ~~607.0115~~, F.S.  
Not For Profit 617

Please return all correspondence concerning this matter to:

Kim Colegrove

Contact Person

Ladies 327 Supper Club, LLC

Firm/Company

140 Wilson Bay Court

Address

Sanford, Florida 32771

City, State and Zip Code

Kim@Ladies327.org

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

For further information concerning this matter, please call:

Kim Colgrove

at ( 407 ) 375-5690

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

18 AUG 13 PM 12:51  
SECTION  
TALLAHASSEE

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida ~~PROFIT~~ Corporation**  
Not 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. ~~607.0119~~<sup>617</sup>, Florida Statutes.

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

Ladies 327 Supper Club, LLC

617000013555

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Liability Corporation  
(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 January 17, 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:

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

Ladies 327 Supper Club, Inc.

Enter Name of Florida ~~PROFIT~~ Corporation  
Not For Profit

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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TALLAHASSEE

Signed this 3rd day of August, 2018.

Not For Profit

**Required Signature for Florida Profit Corporation:**

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

Incorporator: Kim Colegrove

Printed Name: Kim Colegrove Title: President

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

Signature: Kim Colegrove

Printed Name: Kim Colegrove Title: Managing Member

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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TALLAHASSEE

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

**ARTICLE I NAME**

The name of the corporation shall be: Ladies 327 Supper Club, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address:

140 Wilson Bay Court, Sanford, FL 32771

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: A nonprofit social club for women to support, foster and promote friendships between the ladies of Sanford, Florida and the surrounding areas by getting out, meeting our neighbors, making new friends, supporting our community and other local non-profit organizations and eating delicious food while we do it.

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

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

Name and Title: Kimberly A. Colegrove, President

Address: 140 Wilson Bay Court

Sanford, FL 32771

Name and Title: Rebecca Bowman, Director

Address: 2014 Elizabeth Court

Sanford, FL 32771

Name and Title: Lisa Wilson, Treasurer

Address: 104 Ramblewood Drive

Sanford, FL 32771

Name and Title: Melissa Patton, Director

Address: 10 Surrey Road

DeBary, FL 32713

Name and Title: Andrea McCrory Bandy, Director

Address: 2203 Cordova Drive

Sanford, FL 32771

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

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

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Name and Title: Tiffany Palmer, Director Name and Title: \_\_\_\_\_

Address 142 Wilson Bay Court Address: \_\_\_\_\_

Sanford, FL 32771

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: Kimberly A Colgrove

Address: 140 Wilson Bay Court

Sanford, FL 32771

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**ARTICLE VII INCORPORATOR**

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

Name: Kimberly A Colgrove

Address: 140 Wilson Bay Court

Sanford, FL 32771

**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*

Kim Colgrove  
Required Signature of Registered Agent

August 3, 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.*

Kim Colgrove  
Required Signature of Incorporator

August 3, 2018

Date