

N180000/0041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

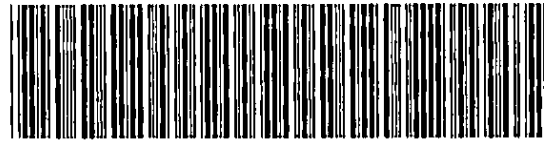
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

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SEP 19 2018



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18 SEP 18 PM 5:01  
St. Charles  
Fall 2018

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Momentum Academy, LLC

\_\_\_\_\_  
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. 607.1115, F.S.

Please return all correspondence concerning this matter to:

LQuincy Pryor

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Firm/Company

141 SW Palm Dr. Unit 201

\_\_\_\_\_  
Address

Port Saint Lucie, FL

\_\_\_\_\_  
City, State and Zip Code

lgpryor@icloud.com

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

For further information concerning this matter, please call:

LQuincy Pryor

at ( 772 ) 5591285

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,<br>Certified Copy, and<br>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

FILED  
18 SEP 18 PM 6:01  
TALLAHASSEE, FL

L18000212398

**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~~ <sup>617</sup>, Florida Statutes.

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

Momentum Academy, LLC

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 September 6, 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:

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

Momentum Academy, LLC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: September 6, 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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18 SEP 18 PM 6:01  
TALLAHASSEE  
e

Signed this 12th day of September, 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:

Printed Name: I. Quincy Pryor Title: President

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

Signature:

Printed Name: I. Quincy Pryor Title: President

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.

**If 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)

18 SEP 19 PM 6:01  
FALL ARIZONA

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

**ARTICLE I NAME**

The name of the corporation shall be: Momentum Academy, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
141 SW Palm Dr. Unit 201

Port Saint Lucie FL, 34986

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Private Sschool

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Provided in the bylaws of the Corporation.

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

Name and Title: LQuincy Pryor, President

Address

141 SW Palm Dr. Unit 201

Port Saint Lucie FL 34986

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

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

me and Title: \_\_\_\_\_

dress

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

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

e and Title: \_\_\_\_\_

ess

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

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

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18 SEP 18 PM 6:02  
CLERK OF DISTRICT COURT  
TALLAHASSEE, 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: LQuincy Pryor

Address: 141 SW Palm Dr. Unit 201

Port Saint Lucie, FL 34986

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LQuincy Pryor

Address: 141 SW Palm Dr. Unit 201

Port Saint Lucie, FL 34986

FILED  
18 SEP 13 PM 6:02  
CLERK

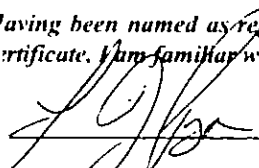
**ARTICLE VIII EFFECTIVE DATE:**

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.

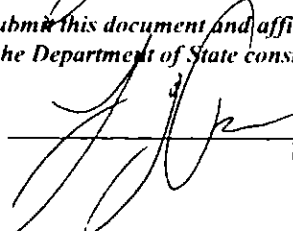
*I, having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature of Registered Agent

September 12, 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

September 12, 2018

\_\_\_\_\_  
Date