

N19000000594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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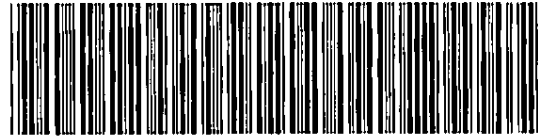
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

12/17/18

T SCHROEDER

COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: Women of Wisdom Organization, Inc. <sup>NON</sup>  
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. ~~415~~ <sup>617</sup> F.S.

Please return all correspondence concerning this matter to:

Travis Robinson  
Contact Person

Visionary Financial  
Firm/Company

3270 Suntree Blvd Suite 167  
Address

Melbourne, FL 32940  
City, State and Zip Code

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

For further information concerning this matter, please call:

Travis Robinson at ( 754 ) 423-4283  
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"**  
Non 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. ~~607.113~~ <sup>617</sup>, Florida Statutes.

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

Women of Wisdom LLC 417-187120

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 8/31/2017  
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:

Florida

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

Women of Wisdom Organization, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 12/29/2018  
(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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Signed this 19th day of December, 20 18.

**Required Signature for Florida Profit Corporation:**

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

Incorporator: Gloria J. Washington  
Printed Name: Gloria Washington Title: President

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

Signature: Gloria J. Washington

Printed Name: Gloria J. Washington 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.

**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, FLORIDA

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

**ARTICLE I NAME**

The name of the corporation shall be: Women of Wisdom Organization, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

270 NW 14th Way  
Dania Beach, FL 33004

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: A Charitable organization

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Board of Directors<sup>9w</sup> Elected by the Bylaws

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

Name and Title: Gloria Washington, President Name and Title: Mattie Bohler, Assistant, Secretary

Address: 270 NW 14th Way Address: 5662 Mayo St  
Dania Beach, FL 33004 Hollywood, FL 33023

Name and Title: Stephanie Blackman, VP Name and Title: Valerie Baker, Financial Secretary

Address: 270 NW 14th Way Address: 829 SW 9th St  
Dania Beach, FL 33004 Hallandale, FL 33009

Name and Title: Anita Manuel, Recording Sec. Name and Title: Diane Hennie, Treasurer/ Chaplain

Address: 4400 SW 23rd St. Address: 5213 SW 22nd St  
West Park, FL 33023 West Park, FL 33023

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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: Travis Robinson

Address: 3810 3270 Suntree Blvd suite 167  
Melbourne, FL 32940

**ARTICLE VII INCORPORATOR**

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

Name: Gloria Washington

Address: 270 NW 14th Way  
Dania Beach, FL 33004

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 12/19/2018 12/27/18 (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*

Travis Robinson  
Required Signature of Registered Agent

12/19/2018  
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.*

Gloria J. Washington  
Required Signature of Incorporator

12/19/2018  
Date

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STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA