

W19000005876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/05/19--01001--006 **90.00

05/02/19--01010--020 **60.00

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Filing Office

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: FEDERAL BENEFITS INFORMATION CENTER, INC.
Name of Resulting Florida Not for Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Not for Profit Corporation" in accordance with s. 617, F.S.

Please return all correspondence concerning this matter to:

BRENDA EDMONDS
Contact Person

FEDERAL BENEFITS INFORMATION CENTER
Firm/Company

814 LANTERN WAY
Address

CLEARWATER, FL 33765
City, State and Zip Code

BRENDA@FEDERALBENEFITSINFO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRENDA EDMONDS at (727) 744-3111
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

*\$90.00
enclosed as
requested.*

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

Re: Rejected Filing W19000046620

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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. 617, Florida Statutes.

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

FEDERAL BENEFITS INFORMATION CENTER LLC 417-7544
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 January 9, 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:**

FEDERAL BENEFITS INFORMATION CENTER, INC.
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: June 1, 2019
(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 30th day of May, 2019.

Required Signature for Florida Profit Corporation:

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

Incorporator: Brenda Edmonds
Printed Name: Brenda Edmonds Title: Director

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

Signature: Brenda A Edmonds

Printed Name: Brenda A Edmonds Title: MGR, Authorized Member

Signature: D. Edmonds

Printed Name: Dennis Edmonds Title: MGR, Authorized Member

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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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: FEDERAL BENEFITS INFORMATION CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
970 LAKE CARILLON DRIVE, SUITE 300

Mailing address, if different is:
814 LANTERN WAY

ST. PETERSBURG, FL 33716

CLEARWATER, FL 33765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: exclusively for charitable and educational purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in any political campaign. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code or (b) by a corporation, contributions to which are deductible under section 170 (c)(2), or any future corresponding tax *code.*

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Board majority

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dennis Edmonds, Managing Director
Address: 970 Lake Carillon Drive, Suite 300
St. Petersburg, FL 33716

Name and Title: _____

Address: _____

Name and Title: Brenda Edmonds, Director
Address: 970 Lake Carillon Drive, Suite 300
St. Petersburg, FL 33716

Name and Title: _____

Address: _____

Name and Title: Erik H. Doty, Director
Address: 970 Lake Carillon Drive, Suite 300
St. Petersburg, FL 33716

Name and Title: _____

Address: _____

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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As of 6/19/2019

ARTICLE VI REGISTERED AGENT

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

Name: Brenda Edmonds

Address: 814 Lantern Way
Clearwater, FL 33765

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brenda Edmonds

Address: 814 Lantern Way
Clearwater, FL 33765

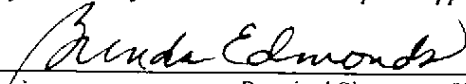
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 1, 2019. (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

05/30/2019
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

05/30/2019
Date