

N19000008282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

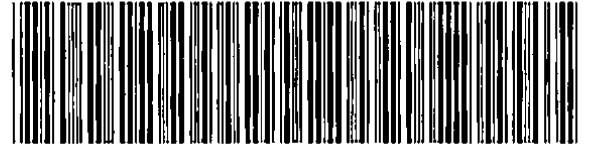
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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AUG 07 2019



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03/20/19--01011--002 \*\*25.00

08/06/19--01--000 \*\*10.00

FILED  
19 AUG -6 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 8, 2019

MANAL FAKHOURY  
3110 SE 17TH CT  
OCALA, FL 34471

SUBJECT: OLLIN WOMEN INTERNATIONAL, LLC  
Ref. Number: W19000062519

FILED  
19 AUG -6 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for OLLIN WOMEN INTERNATIONAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Enclosed is the proper form to fill out to convert the LLC into a Non-Profit. Also the cost to convert the LLC into a Non-Profit is \$105 dollars. There is a balance of \$80 dollars to cover the rest of the cost. So please send another check along with this form back to my attention.

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.

Matthew T Moon  
Regulatory Specialist II Supervisor

Letter Number: 719A00013706

*Dear Matthew,  
Please find enclosed a check  
for \$80.00. Thank you for your help.*

*Matthew T Moon*  
352-266-1268

COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: Ollin Women International  
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.~~ <sup>Now</sup> 617 F.S.

Please return all correspondence concerning this matter to:

Manal Fakhoury  
Contact Person

Ollin Women International  
Firm/Company

PO Box 4428  
Address

Ocala, FL 34478  
City, State and Zip Code

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

For further information concerning this matter, please call:

Manal Fakhoury at ( 352 ) 266-1268  
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

FILED  
19 AUG -6 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

Certificate of Conversion  
For  
"Other Business Entity"  
Into  
Florida Profit Corporation  
Non

218-78104

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following **"Other Business Entity"** into a Non **Florida Profit Corporation** in accordance with s. ~~607.1115~~ 617, Florida Statutes.

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

Ollin Women International LLC  
Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC  
(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 3-27-2018  
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:

Ollin Women International Inc  
Enter Name of Florida Profit Corporation  
Non

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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Required Signature for Florida Profit Corporation:**

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

Incorporator: manal <sup>non</sup>

Printed Name: manal Fakhoury Title: President

manal Fakhoury

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

Signature: Laila Fakhoury

Printed Name: Laila Fakhoury Title: Secretary

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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SECRETARY 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: Oil in Women International Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3110 SE 17th Court  
Orlando, FL 32811

Mailing address, if different is:

PO Box 4422  
Orlando, FL 32812

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A women's peace literacy group

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Elected/appointed every two years

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Manal Fakheri Name and Title: \_\_\_\_\_  
President

Address: 3110 SE 17th Court Address: \_\_\_\_\_  
Orlando FL 32811

Name and Title: Laila Fakheri Name and Title: \_\_\_\_\_  
Secretary

Address: 3110 SE 17th Court Address: \_\_\_\_\_  
Orlando, FL 32811

Name and Title: Jessi Miller Name and Title: \_\_\_\_\_  
Vice-President

Address: 2901 SW 41st Street #2103 Address: \_\_\_\_\_  
Orlando, FL 32811

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SECRETARY  
TALLAHASSEE

FILED

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Laila Fakhoury  
 Address: 3110 SE 17<sup>th</sup> Ct.  
Ocala, FL 34471

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Manal Fakhoury  
 Address: 3110 SE 17<sup>th</sup> Ct.  
Ocala, FL 34471

**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*

Laila Fakhoury  
 Required Signature of Registered Agent

7-31-19  
 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.*

Manal Fakhoury  
 Required Signature of Incorporator

7/31/19  
 Date

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 TALLAHASSEE