N1900000 8720

| (Re | questor's Name) | |
|-------------------------|----------------------|----------------|
| | | |
| (Ad | dress) | |
| | | |
| (Ad | dress) | |
| | · | |
| | JON AS (7 is IDN ass | - t |
| (Cit | y/State/Zip/Phone | e #) |
| | □ JA/AIT | ☐ MAIL |
| ☐ PICK-UP | ☐ WAIT | WAIL |
| | | |
| (Bu | siness Entity Nar | me) |
| | | |
| | ocument Number) | |
| (50 | ,edinent (voiliber, | |
| | | |
| Certified Copies | _ Certificates | s of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | 260 | |
| W19-60 | 1570 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



400331275114

400331275114 08/20/19--01001--015 **62.50

RECENTO JUL 0.1 2013

SECRETARY OF STATE

COVER LETTER

| TO: | Charter Section Division of Co. | | | |
|--|---|--|--|---|
| SUBJI | ЕСТ: | Donate Sm | arter Inc | |
| | | | Resulting Florida Prof | it Corporation |
| | | e of Conversion, Articles Profit Corporation" in ac | | fees are submitted to convert an "Other Business 115, F.S. |
| Please | return all corresp | oondence concerning this | s matter to: | |
| | David | Contact Person | | |
| - | Dona | to Smarfex Firm/Company | | |
| | 318 | Ban Yan Wa Address | ry | |
| | mel | City, State and Zip Code | : Honda | 32951 |
| | DWID (1) | On IlSmar o be used for future annu | LONG. COM al report notification) | |
| For fu | ther information | concerning this matter. | please call: | |
| <u></u> | Name of Co | ontact Person | at (<u>774</u>) | 138-0691 nd Daytime Telephone Number |
| Enclos | ed is a check for | the following amount: | | |
| □ \$10 | 5.00 Filing Fees | □\$113.75 Filing Fees and Certificate of Status | □\$113.75 Filing Fee and Certified Copy | s □\$122.50 Filing Fees, Certified Copy, and Certificate of Status |
| New F Division Clifton 2661 E | ET ADDRESS: ilings Section on of Corporation a Building Executive Center assee, FL 32301 | | New Divi P. O | LING ADDRESS: Filings Section sion of Corporations Box 6327 shassee, FL 32314 |

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. 647.1115, Florida Statutes.

| က် |
|--|
| 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: |
| Donate Smarter LC #111-33576 |
| Enter Name of Other Business Entity |
| 2. The "Other Business Entity" is a |
| (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 Horizona. |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| on 3.18.2011 |
| on 3 · 18 · 2011 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: |
| Donate Smarfel Inc |
| Enter Name of Florida Profit Corporation |
| |
| 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 Florid |
| 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. |

Page 1 of 2

| Signed this 315 day of Jon | . 20 19 | |
|---|--|--|
| Required Signature for Florida Profit Corporation: | | |
| Signature of Chairman, Vice Chairman, Director, Office Incorporator: DAMA G DOMCE Printed Name: DIMA G DOMC Title: DW | er, or, if Directors or Officers have not been selected, an | |
| Required Signature(s) on behalf of Other Business E | ntity: [See below for required signature(s).] | |
| Signature: Sanda Value | | |
| Printed Name: David Garale - | Title: twee/ Munager | |
| Signature: | | |
| Printed Name: JACULE LUNAS | Title: OWNER/Manager | |
| Signature: | <u>, </u> | |
| Printed Name: | _ Title: | |
| Signature: | | |
| Printed Name: | | |
| Signature: | | |
| Printed Name: | | |
| 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: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status: | \$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional) | |

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

| ARTICLE I NAME The name of the corporation shall be: DonateSmarter I | nc | |
|--|----------------------|--|
| ARTICLE II PRINCIPAL OFFICE | | |
| Principal <u>street</u> address: 318 Banyan Way Mlebourne Beach FL 32951 | | Mailing address, if different is: |
| | | |
| ARTICLE III PURPOSE | | |
| The purpose for which the corporation is organized is: _ | | |
| To help no-profits increase compliance, transparancy, a | ecountability and ra | sise awareness for their goodworks |
| and specifically to align businesses and non-profits bene | efitting local comm | unities through charitable contributions and corporate |
| community involvement. | | |
| | | |
| | - | |
| | | |
| | | Majority vote of board need |
| ARTICLE IV MANNER OF ELECTION The man | mer in which the dir | ectors are elected and appointed: |
| | | |
| ADTICLE U INITLAL OFFICERS AND/OR DIREC | rraps | |
| ARTICLE V INITIAL OFFICERS AND/OR DIREC | <u>,10k3</u> | |
| Name and Title: David G Drake - VP - Direc | tor Name and Title | e: Jacqueline Llinas - President |
| Address 318 Banyan Way | Address: | 318 Banyan Way |
| Melbourne Beach, FL 32951 | | Melbourne Beach, FL 32951 |
| | | |
| Name and Title: | Name and Title | e: |
| Address | | |
| | | |
| | | |
| Name and Title: | | e: |
| | | |
| Address | Addiess. | |
| | | <u> </u> |

| Name and Title | X | Name and Title: |
|----------------------------------|--|--|
| Address | | Address: |
| | | |
| | | |
| Name and Title | <u>:</u> | Name and Title: |
| Address | | Address: |
| | | |
| | | |
| | . | |
| ARTICLE VI | REGISTERED AGENT | |
| The name and | Florida street address (P.O. Box NOT acce | ptable) of the registered agent is: |
| Name: | David G Drake | |
| Address: | 318 Banyan Way | |
| | Melbourne Beach, FL 3295 | 1 |
| | | |
| | INCORPORATOR | |
| The <u>name and</u> | address of the Incorporator is: | |
| Name: | David G Drake | <u></u> |
| Address: 318 Banyan Way | | |
| | Melbourne Beach, FL 3295 | 1 |
| | I EFFECTIVE DATE: | |
| Effective date, (If an effective | if other than the date of filing: date is listed, the date must be specific an | . (OPTIONAL) ad cannot be more than five days prior or 90 days after the filing.) |
| • | • | |
| | ite inserted in this block does not meet the ap ective date on the Department of State's reco | oplicable statutory filing requirements, this date will not be listed as the ords. |
| certificate, I ar | n familiar with and accept the appointment a | of process for the above stated corporation at the place designated in this s registered agent and agree to act in this capacity |
| and Dallale | | 8/5/2019 |
| | Required Signature of Registered | Agent Date |
| | | rin are true. I am aware that any false information submitted in a document |
| ю ine vepartm | ent of State constitutes a third degree felony | |
| | Required Signature of Incorp | 8/5/2019 |
| | Required Signature of Incor | porator Date |