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<u></u> .			
(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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2019 AUG 21 AM 8: 35

COVER LETTER

TO:	Charter Section Division of Cor					
CUDI	ECT: MARK BA	NKER INSURANCE SER	VICES, INC			
SUBJ	ECT:	Name of	Resulting Flori	da Profit	Corporation	
The er Entity	nclosed Certificate ''' into a "Florida I	e of Conversion, Articles Profit Corporation" in ac	s of Incorporati cordance with	on, and fe s. 607.11	ees are submitted to convert an 15, F.S.	"Other Business
Please	e return all corresp	ondence concerning this	s matter to:			
MARI	K BANKER					
		Contact Person		_		
MARI	K BANKER INSUF	RANCE SERVICES, INC				
	,	Firm/Company				
3607 (CASALTA CIR					
		Address				
NEW	SMYRNA BEACH	I, FL 32168				
		City, State and Zip Code	e			
	K.BANKER@FFBI					
	E-mail address: (t	o be used for future annu	ial report notifi	cation)		
For fu	irther information	concerning this matter.	please call:			
MARI	K BANKER		_at (386	846	-2119	
	Name of Co	ontact Person		Code and	I Daytime Telephone Number	
Enclo	sed is a check for	the following amount:				
= \$10	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fil and Certified	_	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New I Divisi Clifto	EET ADDRESS: Filings Section ion of Corporation on Building Executive Center			New F Division P. O. E	AING ADDRESS: Glings Section on of Corporations Box 6327 assee, FL 32314	

Tallahassee, FL 32301



July 3, 2019

JILL ADRIAN 13322 106TH PLACE LIVE OAK, FL 32060

SUBJECT: FETCH LIFE, LLC Ref. Number: W19000061877

We have received your document for FETCH LIFE, LLC and your check(s) totaling \$30.00. However, the document has not been filed and is being retained in this office for the following:

The incorrect form was submitted to our office.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Jessica A Fason Regulatory Specialist II

www.sunbiz.org

DO DOM COOK WILL BY ALL COOK

Letter Number: 719A00013550

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, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Fetch Life, LLC
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 Florida
(Enter state, or if a non-U.S. entity, the name of the country)
6/1/2018 on
Enter date "Other Business Entity" was first organized, formed or incorporated
Non Profit 4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>
Fetch Life Incorporated
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 7/15/2019
(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

2019 AUG 21 AM 8: 35 SECRETARY OF STATE

Signed	thisday of	, 20	
Requi	NoN PLOF(で red Signature for Florida Profit Corporation	<u>n:</u>	
Signate Incorpe Printed	ure of Chairman, Vice Chairman, Director, Off orator:	ricer, or, if Directors or Officers have not be	en selected, an
Requi	red Signature(s) on behalf of Other Business	Entity: See below for required signature((s).]
Signati	ure: <u>Ju ar</u>		_
Printed	Name: Adrian	Title: President	_
	ите:		
	l Name:		
Signati	ure:		_
Printed	Name:	Title:	_
Signatu	ire:		_
Printed	Name:	Title:	_
Signatu	ıre;		-
	Name:		
Signatu	іге:		_
Printed	Name:	Title:	_
If Flor Signatu	ida General Partnership or Limited Liabilit ire of one General Partner.	y Partnership:	
If Flor i Signatu	ida Limited Partnership or Limited Liability tres of <u>ALL</u> General Partners.	y Limited Partnership:	
	ida Limited Liability Company: are of a Member or Authorized Representative.		
All oth Signatu	ers: ere 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 The name of th	NAME e corporation shall be: Fetch Life Incorpora	ted
ARTICLE II	PRINCIPAL OFFICE	
1332	Principal <u>street</u> address: 2 106th Place	Mailing address, if different is:
Live	Oak, F1. 32060	
	-	
	r which the corporation is organized is:	ch Life Incorporated is a non profit entity dedicated to improving the lives
the benefits of	canines via education.	
ARTICLE IV	MANNER OF ELECTION The manne	r in which the directors are elected and appointed: As stated in the bylaws
		in which are offered and appointed.
<u> 4RTICLE V</u>	INITIAL OFFICERS AND/OR DIRECT	ORS .
Name and Title	Jill Adrian, Executive Director	Name and Title:
Address	13322 106th Place	
	Live Oak, FL 32060	
Name and Title	Tina Roese, Director of Development	Name and Title:
Address	41 Drummer Lane	
	Redding, CT 06896	Piddress.
Name and Title	Crystal Hancock, Director of Community	Name and Title:
Address	Affairs	
	12 Glenview Drive	. (uu (33)
	Sherman, CT 06784	

Name and Title:		Name and Title:	
Address _		Address:	
_			
Name and Title:		Name and Title:	
Address			
Address _		Address:	
_			
_			
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT accep	ptable) of the registered agent is:	
Name:	Jill Adrian		
Address:	13322 106th Place		
	Live Oak, FL 32060		
	INCORPORATOR Idress of the Incorporator is:		
Name:	Jill Adrian		
Address:	13322 106th Place		
	Live Oak, FL 32060		
ARTICLE VIII	<u>EFFECTIVE DATE:</u> 7_15_201	0	
Effective date, if (If an effective d	other than the date of filing: 7-15-201 ate is listed, the date must be specific and	d cannot be more than five days prior or 90 days after the fi	ling.)
	·	2 1	
Note: If the date document's effect	inserted in this block does not meet the appive date on the Department of State's recor	plicable statutory filing requirements, this date will not be listed rds.	as the
Having been nan certificate, I am fo	ned as registered agent to accept service of amiliar with and accept the appointment as	of process for the above stated corporation at the place design sregistered agent and agree to act in this capacity	ated in this
	(on Ol	7-17-2019	
	Required Signature of Registered A		_
I submit this docu to the Department	ment and affirm that the facts stated herein of State copstitutes a third degree felony a	in are true. I am aware that any false information submitted in a as provided for in s.817.155, F.S.	i document
	Miller	7-17-2019	
,	Required Signature of Incorp	Date Date	