

W190000 10990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

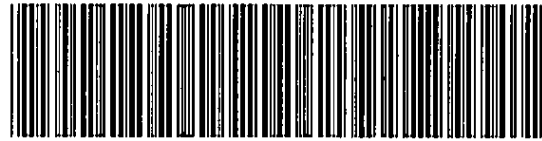
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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OCT 18 2019



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10/01/19--01015--027 ++105.00

19 OCT 17 PM 3:02
FALLA... 10:00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2019

TONIA JACKSON
7308 NW 57 CT
TAMARAC, FL 33321

SUBJECT: RE-ENTRY SOLUTIONS INC
Ref. Number: W19000091345

2019 OCT 17 PM 4:10

We have received your document for RE-ENTRY SOLUTIONS INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

You must list at least one incorporator with a complete business street address.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Keyna E Page
Regulatory Specialist II

Letter Number: 619A00021189

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Re-entry Solutions Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Tonia Jackson
Name (Printed or typed)

7308 N.W 57 CT
Address

Tamara, FL 33321
City, State & Zip

(854) 465-5112
Daytime Telephone number

T. Jackson @ RE-entry Solutions.org
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

Certificate of Conversion
For
"Other Business Entity"
Into
Florida ~~State~~ Corporation
NON-PROFIT

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.
617

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

Re-entry Solutions LLC
Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC (L19-107571)
(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 4-19-19
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:

- Now-Non-Profit
4. The name of the Florida ~~Profit~~ Corporation as set forth in the attached Articles of Incorporation:

Re-entry Solutions Inc
Enter Name of Florida ~~Profit~~ Corporation NON-PROFIT

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.

FILED
19 OCT 17 PM 3:02
TALLAHASSEE, FL 32399

Signed this 17th day of October, 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: Toni Jackson
Printed Name: TONI JACKSON Title: CEO

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

Signature: Toni Jackson

Printed Name: TONI JACKSON Title: CEO

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)

17 OCT 17 PM 3:02

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Re-entry Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

7308 N.W 57 COURT
TAMARAC, FL 33321

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of this non-profit organization
is to provide reentry services to
ex-offenders.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tania Jackson / President Name and Title:

Address: 7308 N. W 57 Ct Address:

TAMARAC, FL 33321

Name and Title: Taylor McJee - Board Member Name and Title:

Address: 7308 N.W. 57 Ct Address:

TAMARAC, FL 33321

Name and Title: Ethel Burns - Board Member Name and Title:

Address: 280 N.W 15th A Address:

POMPANO BEACH, FL
33060

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19 OCT 17 PM 3:02
CLERK OF DISTRICT COURT
JANUARY 1, 2020

ARTICLE VI REGISTERED AGENT

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

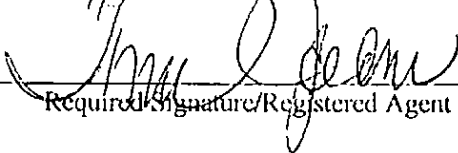
Name: TOMIA JACKSON
Address: 7308 NW 51 CT
TAMARAC, FL 33321

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

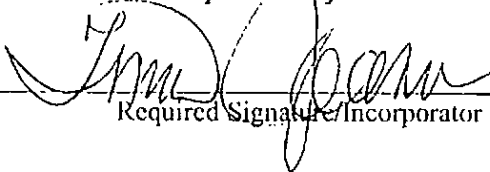
Name: TOMIA JACKSON
Address: 7308 N.W 51 COURT
TAMARAC FL 33321

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/Registered Agent

10/17/19
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.


Required Signature/Incorporator

10/17/19
Date

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HALL COUNTY, FLORIDA