

N19 000011444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

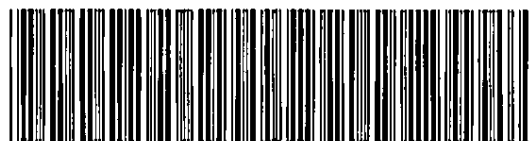
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000330897150

08/07/19--01004--004 \*\*53.75

06/17/19--01004--004 \*\*50.00

C RICO

AUG 07 2019

1111 100+2

FILED  
CLERK OF COURT  
DIVISION OF CORPORATIONS  
19 AUG -7 PM 3:53

COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: Central Florida Grassroots Progressives, Inc.  
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. ~~601~~ 7

Non-profit  
Please return all correspondence concerning this matter to:

Marie Ciaravino  
Contact Person

Central Florida Grassroots Progressives, Inc.  
Firm/Company

2341 Chantilly Ave.  
Address

Winter Park, FL 32789  
City, State and Zip Code

cflgrassrootsprogressives.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie Ciaravino at (407) 701-4129  
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

Note: Already sent  
in check for \$60.  
With previous  
application.

**MAILING ADDRESS:**  
New Filings Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
SECTION OF  
DIVISION OF CORPORATIONS  
19 AUG - 7 PM 3:53

**Certificate of Conversion**

For

**"Other Business Entity"**

~~Non~~ 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~~ **Non-profit** in accordance with s. ~~607.1412~~ **617**, Florida Statutes.

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

Central Florida Grassroots Progressives, LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a limited liability company **49-125266**  
(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 May 8, 2019  
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:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

Central Florida Grassroots Progressives, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: May 3, 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.

19 JUL -7 PM 3:53  
RECEIVED  
DEPARTMENT OF STATE  
CORPORATION

Signed this 23rd day of July, 2019.

**Required Signature for Florida ~~Profit~~ Non Profit Corporation:**

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

Incorporator: Marie Ciaravino

Printed Name: Marie Ciaravino Title: Director

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

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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)

19 AUG - 7 PM 3:53

SECTION 17.000  
DIVISION OF CORPORATIONS

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

**ARTICLE I NAME**

The name of the corporation shall be: CENTRAL FLORIDA GRASSROOTS PROGRESSIVES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

2341 CHANTILLY AVENUE

SAME

WINTER PARK

FLORIDA 32789

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: THE CORPORATION IS ORGANIZED AS A FLORIDA NOT-FOR-PROFIT CORPORATION (PURSUANT TO CHAPTER 617, FLORIDA STATUTES) ESTABLISHED TO BE A POLITICAL ORGANIZATION FOR THE PURPOSES OF EDUCATING THE PUBLIC AND FOR SUPPORTING AND OPPOSING POLITICAL ISSUES AND FOR ALL PURPOSES RELATED THERETO; ALL IN ACCORDANCE WITH ALL APPLICABLE IRS CODE PROVISIONS. THE CORPORATION SHALL TAKE NO ACTIONS CONTRARY TO APPLICABLE IRS CODE PROVISIONS AND/OR REGULATIONS.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: AT ANNUAL MEETING THE INCUMBENT BOARD, INCLUDING OUTGOING, WILL ELECT NEW DIRECTORS FOR THOSE VACATED POSITIONS. PRIOR TO ANNUAL MEETING A SPECIAL MEETING

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JANAN A. SMITHERS (P)

Name and Title: LINELL ELA TS

Address: 1120 S. LAKE SYBELIA DR  
MAITLAND, FL 32751

Address: 1912 WHITEHALL DR  
WINTER PARK FL 32792

Name and Title: MARIE CIARAVINO (DO)

Name and Title: BARBARA VENTAROLA D

Address: 2341 CHANTILLY AVE  
WINTER PARK, FL 32789

Address: 519 E. 1<sup>ST</sup> STREET  
APT. # 603  
SANFORD, FL 32771

Name and Title: SARA HOPKINS D

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

Address: 15 E. VILLAGE DR  
OVIDO, FL 32765

Address: \_\_\_\_\_

RECEIVED  
DIVISION OF CORPORATIONS  
19 AUG - 7 PM 3:53

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name:

MARIE CIARAVINO

Address:

2341 CHANTILLY AVE  
WINTER PARK, FL 32789

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

MARIE CIARAVINO

Address:

2341 CHANTILLY AVE  
WINTER PARK FL 32789

**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*

Marie Ciaravino

Required Signature of Registered Agent

10/18/2019  
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.*

Marie Ciaravino

Required Signature of Incorporator

10/18/2019  
Date

FILED  
DIVISION OF CORPORATION  
19 AUG - 7 PM 3:53