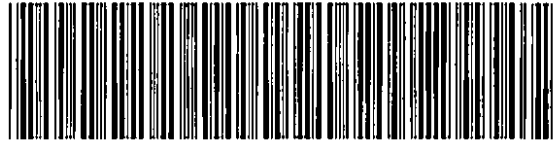


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03/27/20--01022--007 **26.25

10/08/19--01020--005 **73.75

(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:

W19-93902

Office Use Only

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 OCT -8 PM 2:04

FILED

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit 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~~ *Non 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:

Kingdom Global Advancement LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a limited liability company
(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 5/23/2019
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~~ *Non Profit* Corporation as set forth in the **attached Articles of Incorporation**:

Kingdom Global Advancement Inc.

Enter Name of Florida ~~Profit~~ *Non Profit* Corporation

5. If not effective on the date of filing, enter the effective date: 1-1-2020
(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
2019 OCT -9 PM 2:04
STATE OF FLORIDA
TALLAHASSEE

Signed this 10th day of February, 2020

Non Profit

Required Signature for Florida Profit Corporation:

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

Incorporator: Nelly Joseph

Printed Name: Nelly Joseph Title: Incorporator/Chairperson

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

Signature: Nelly Joseph

Printed Name: Nelly Joseph Title: Registered Agent/Manager

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)

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

ARTICLE I NAME

The name of the corporation shall be: Kingdom Global Advancement Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

500 NW 141 Avenue Apt 307

Pembroke Pines, FL 33028

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The organization is incorporated solely for charitable purposes. The purpose is to provide
advocacy, programming, and resources for individuals in need of supports; and empower,
encourage, and enrich the lives of children, women, families and communities.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

Chair appoints initial directors, thereafter, nominating committee of existing directors makes recommendations
to the full board in which then votes on new directors as stated in Bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nelly Joseph, President/Co-Treasurer Name and Title: _____

Address 500 NW 141 Avenue Apt 307 Address: _____
Pembroke Pines, FL 33028

Name and Title: Saintania St Phart, Vice-President/Secretary Name and Title: _____

Address 331 NW 59 ST Address: _____
Miami, FL 33127

Name and Title: Claudia Claude, Treasurer Name and Title: _____

Address 2615 SW 100th Avenue Address: _____
Miramar, FL 33025

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: Nelly Joseph
Address: 500 NW 141 Avenue Apt 307
Pembroke Pines, FL 33028

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nelly Joseph
Address: 500 NW 141 Avenue Apt 307
Pembroke Pines, FL 33028

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1-1-2020 (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

Nelly Joseph 2/10/2020
Required Signature of Registered Agent 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.

Nelly Joseph 2/10/2020
Required Signature of Incorporator Date