N2000005066

(Requestor	's Name)
(Address)	
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(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document	t Number)
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COVER LETTER

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

Senior Pals, SUBJECT:	, Inc		
Sobole 1.	(PROPOSED CORPO	RATE NAME - <u>MUST INC</u>	CLUDE SUFFIX)
Enclosed is an original a	and one (1) copy of the Artic	les of Incorporation and	a check for:
□ \$70.00	\$78.7 5	□\$78.75	□ \$87.50
Filing Fee	Filing Fee &	Filing Fee	Filing Fee.
-	Certificate of	& Certified Copy	Certified Copy
	Status		& Certificate
		ADDITIONAL CO	PY REQUIRED
			
	Joyce DeWese White		
FROM:	•	(Ordered on toward)	-
	Name (Printed or typed)		
	2379 Amherst Ave		
		Address	-
	Spring Hill FL 34609		
	- -	ty, State & Zip	•
		.,, , , , , , , , , , , , , , , , , , ,	
	727-277-3667		_
· · · · · · · · · · · · · · · · · · ·	Daytime Telephone number		
	Seniorpals20@gmail.com		
	:-mail address: (to be used for fu	ture annual report notificatio	n)

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

Articles of Conversion For
Converting Eligible Entity Natho Florida Profit Corporation Tondo Non Profit Corporation
The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202. Florida Statutes. Chapter 417, F5
1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is: Senior Pals, LLC
Enter Name of the Converting Entity
2. The converting 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 (Enter state, or if a non-U.S. entity, the name of the country)
on 01/27/2020
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> Senior Pals, Inc
Enter Name of Florida Profit Corporation
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.
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.

Signed this 4	day of	May	. 20_20	
Required Signature f	170	»^ <i>[</i>]		
		· -	s have not been selected, an Incorporator:	
1-1	,			
Printed Name: 1100	No Wore	Title:	corporator	
Required Signature(s	s) on behalf oby for require	f Converting Florid d signature(s).	da partnerships, limited partnerships, a	nd limited liability
Signature:				
Printed Name:	et Della	a White	Title: Marget	
Signature:	Hore	is whit	Ü	
Printed Name: Hora	to Wh	utie	Title: Transurev	
Signature:				
Printed Name:			_ Title:	
Signature:				
Printed Name:			_ Title:	
Signature:				
Printed Name:			_ Title:	
Signature:				
Printed Name:			_ Title:	
If Florida General Pa Signature of one Gene		Limited Liability I	Partnership:	
If Florida Limited Pa Signatures of ALL Ge			Limited Partnership:	
If Florida Limited Li Signature of a Membe				
All others: Signature of an author	ized person.			
Fees:	avarois		\$25.00	
Articles of Co Fees for Floric Certified Cop Certificate of	da Articles of y:	Incorporation:	\$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	the corporation shall be:	
<u>ARTICLE II</u>	PRINCIPAL OFFICE	
237	Principal <u>street</u> address: 79 Amherst Ave	Mailing address, if different is:
Spi	ring Hill, FL 34609	
	for which the corporation is organized is:	exclusively for charitable, religious, educational and scientific of distributions to organizations that qualify as exempt
organizatio	ns under section 501 (c)(3) of the interi	nal revenue code or the corresponding section of any future
iederal tax	code and herein stated as follows: The	e specific purpose of this corporation will be to provide advocacy,
linkage to r	esources, community outreach program	ms, education, training, public awareness programs and any
other relate	ed support or service that will reduce is	olated induced depression. Among the Aged
	1	
·		unner in which the directors are elected and appointed:
<u>ARTICLE I</u>	V MANNER OF ELECTION The ma	as per the bylaws CCTORS
ARTICLE I	V MANNER OF ELECTION The man Initial OFFICERS AND/OR DIRE itle: Joyce DeWese-White/President	
ARTICLE I	V MANNER OF ELECTION The manner of the manne	<u>CTORS</u>
ARTICLE I	V MANNER OF ELECTION The man Initial OFFICERS AND/OR DIRE itle: Joyce DeWese-White/President	Name and Title:
ARTICLE I Name and T Address	INITIAL OFFICERS AND/OR DIRE itle: Joyce DeWese-White/President 2379 Amherst Ave Spring Hill FL 34609 itle: Maureen White Secretary	Name and Title: Address: Name and Title:
ARTICLE I Name and T Address	INITIAL OFFICERS AND/OR DIRE itle: Joyce DeWese-White/President 2379 Amherst Ave Spring Hill FL 34609	Name and Title: Address:
population. ARTICLE I ARTICLE V Name and T Address Name and T Address	INITIAL OFFICERS AND/OR DIRE INITIAL OFFICERS AND/OR DIRE Joyce DeWese-White/President 2379 Amherst Ave Spring Hill FL 34609 itle: Maureen White Secretary 633 Arbor Station Ln #53 Tallahassee FL 32312 Horatio White Trecisives	Name and Title: Address: Name and Title: Address:
ARTICLE I	INITIAL OFFICERS AND/OR DIRE INITIAL OFFICERS AND/OR DIRE itle: Joyce DeWese-White/President 2379 Amherst Ave Spring Hill FL 34609 itle: Maureen White Security 633 Arbor Station Ln #53 Tallahassee FL 32312	Name and Title: Address: Name and Title: Address: Address: Address: Address:

Name and Title:	Name and Title:
Address _	Address:
Name and Title:	Name and Title:
Address	Address:
-	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the registered agent is: Joyce DeWese-White
Name:	2379 Amherst Ave
Address:	Spring Hill FL 34609
ARTICLE VII The name and a Name: Address:	INCORPORATOR address of the Incorporator is: Joyce DeWese White 2379 Amherst Ave
rida ess.	Spring Hill FL 34609
<u>ARTICLE VIII</u>	EFFECTIVE DATE:
Effective date, i	f other than the date of filing:
Note: If the date	e inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ective date on the Department of State's records.
Having been na certificate, I am	amed as registered agent to accept service of process for the above stated corporation at the place designated in this a familiar with and accept the appointment as registered agent and agree to act in this capacity
	Required Signature of Registered Agent Upate
I submit this doc the Department	current and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to of State constitutes a third degree felony as provided for in s.817.155, F.S.
	Required Signature of Incorporator Date