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(Reque:	stor's Name)		
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(City/St	ate/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
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(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filin	g Officer:		
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Office Use Only



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COVER LETTER .

TO:	Charter	Section

2661 Executive Center Circle

Tallahassee, FL 32301

Division of Corporations

SUBJECT: Women World Leaders 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.

Please return all correspondence concerning this matter to:

DDS			
Contact Person			
Firm/Company		_	
r.			
Address		_	
33467			
City, State and Zip Cod	С		
enworldleaders.com			
o be used for future anni	ual report notific	cation)	
concerning this matter,	please call:		
obs	at (440	537	7-1314
ontact Person	_	Code and	Daytime Telephone Number
the following amount:			
□\$113.75 Filing Fees and Certificate of Status			✓\$122.50 Filing Fees, Certified Copy, and Certificate of Status
		New F	ING ADDRESS: ilings Section
S			on of Corporations Box 6327
	Firm/Company r. Address 33467 City, State and Zip Codenworldleaders.com to be used for future annual concerning this matter, bobs ontact Person the following amount: \$\Begin{align*} \Pi \ 113.75 \ Filing Fees \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Firm/Company 7. Address 33467 City, State and Zip Code enworldleaders.com to be used for future annual report notification concerning this matter, please call: at (440	Firm/Company r. Address 33467 City, State and Zip Code enworldleaders.com to be used for future annual report notification) concerning this matter, please call: at (440) 537 Area Code and the following amount: \$\Begin{array} \text{S113.75 Filing Fees} \text{and Certificate of and Certified Copy} \text{Status} \text{MAIL} New F Division

Tallahassee, FL 32314

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. Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: Women World Leaders 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 11/13/2018
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:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>
Women World Leaders Inc.
Enter Name of Florida Profit Corporation
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 3 day of June	, 20 20	
	red Signature for Florida Profit Corporation		
Signat Incorp Printed	ure of Chairman, Vice Chairman, Director, Offi orator: Ambuly Albas I Name: Kimberly Ann Hobbs Title: Pres	cer, or, if Directors or Officers have not bee	n selected, an
Requi	red Signature(s) on behalf of Other Business	Entity: [See below for required signature(s).}
Signati	ure: Ambrily A. Hobbs		
Printed	l Name: Kimberly Ann Hobbs	Title: Managing/Sole Member	
Signati	ure:		
Printed	i Name:	Title:	
Signati	ure:		
Printec	l Name:	Title:	
Signati	ure:		
	l Name:		
Signati	ure:		
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Signatı	are:		
	Name:		
If Flor Signatu	ida General Partnership or Limited Liability are of one General Partner.	Partnership:	
<mark>If Flor</mark> Signatu	ida Limited Partnership or Limited Liability ires of ALL General Partners.	Limited Partnership:	
<mark>If Flor</mark> Signatı	ida Limited Liability Company: are of a Member or Authorized Representative.		
All oth Signatu	ers: are 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)

	the corporation shall be: Women Wo			
<u>ARTICLE II</u>				
	Principal <u>street</u> address: 9208 Pineville Dr.		Mailing address, if different is:	
_	Lake Worth, FL 33467			
ARTICLE II				
	for which the corporation is organized is: pus purposes under section 501(Jusivery
	nding sections of any future fede		<u>'</u>	
Correspon	iding sections of any luttire rede	saltax code.		20,101
				<u> </u>
				<u> </u>
-				= 3
ARTICLE IV	MANNER OF ELECTION The ma	nner in which the dire	ctors are elected and appointed:	ယ် ှုိ
As s	tated by the Bylaws			
	tated by the bylaws		· · · · · · · · · · · · · · · · · · ·	_
ARTICLE V		CTORS	· · · · · · · · · · · · · · · · · · ·	-
	INITIAL OFFICERS AND/OR DIRE		Sue Ann Milam, Treasurer/Di	– rector
Name and Ti		ecutive Director itte		- rector
Name and Ti	INITIAL OFFICERS AND/OR DIRE		Sue Ann Milam, Treasurer/Di 178 Bryn Mawr Dr. Lake Worth, FL 33460	- rector
Name and Ti	INITIAL OFFICERS AND/OR DIRE	ecutive Dicector litte: Address:	178 Bryn Mawr Dr. Lake Worth, FL 33460	
Address Name and Tit	INITIAL OFFICERS AND/OR DIRE	Address: /Director and Title:	178 Bryn Mawr Dr. Lake Worth, FL 33460 Carrie Christopher, Secretary	
Name and Ti	INITIAL OFFICERS AND/OR DIRE	ecutive Dicector litte: Address:	178 Bryn Mawr Dr. Lake Worth, FL 33460	
Name and Ti Address Name and Tit	INITIAL OFFICERS AND/OR DIRE the: Kimberly Ann Hobbs, President/Exe 9208 Pineville Dr. Lake Worth, FL 33467 the: Julie Jenkins, Vice President 6216 Michael Street	Address: Address: Director and Title: Address:	178 Bryn Mawr Dr. Lake Worth, FL 33460 Carrie Christopher, Secretary 4072 Raffia Drive Naples, FL 34119	
Name and Ti Address Name and Tit	INITIAL OFFICERS AND/OR DIRE tte: Kimberly Ann Hobbs, President/Exe 9208 Pineville Dr. Lake Worth, FL 33467 tte: Julie Jenkins, Vice President 6216 Michael Street Jupiter, FL 33458	Address: Address: Directing and Title: Address:	178 Bryn Mawr Dr. Lake Worth, FL 33460 Carrie Christopher, Secretary 4072 Raffia Drive Naples, FL 34119	

Name and Fitle	Diana Echezabal, Director	Name and Title:		
Address	7027 Amber Springs Dr SW	Address:	4613 N University Dr #288	
	Byron Center, MI 49315		Coral Springs, FL 33067	
Name and Title		— Name and Title		
Address				
Address		Address		
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acc	ceptable) of the registe	ered agent is:	20 JUL
Name:	Kimberly Ann Hobbs	·		ا د
Address:	9208 Pineville Dr.			三 (本)
	Lake Worth, FL 33467			
Name:	Kimberly Ann Hobbs 9208 Pineville Dr.			
Address:	9208 Pineville Dr.			
	Lake Worth, FL 33467	****		
	EFFECTIVE DATE:			
(If an effective	f other than the date of filing: date is listed, the date must be specific a	ind cannot be more	(OPTIONAL) than five days prior or 90 days after t	the filing.)
			, , ,	
Note: If the da document's effe	te inserted in this block does not meet the a ective date on the Department of State's red	applicable statutory fi cords.	ling requirements, this date will not be	listed as the
Having been no certificate, I am	amed as registered agent to accept service familiar with and accept the appointment	as registered agent a	nd agree to act in this capacity	esignated in th
	Required Signature of Registere	S	Qu	- 2620
	- Required Signature of Registere	d Agent	Date	
I submit this do to the Departme	cument and affirm that the facts stated he onf of State constitutes a third degree felon	rein are true. I am an y as provided for in s.	ware that any false information submitte 817.155. F.S.	ed in a docume
			2	7170
	Required Signature of Inco	piporator	Date 2	- 00000
	1		/ /	