

N20000007044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

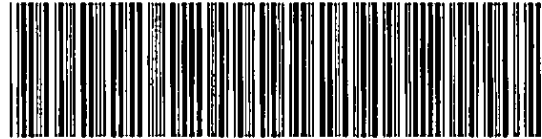
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W200000454 16

Shares, Suffix, wrong form, AE

Office Use Only



900343847029

05/04/20--01021--025 **122.50

JUN 30 2020

Bumbley

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~~ Corporation in accordance with s. ~~607.1115~~, Florida Statutes.
Non Profit *617*

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

Branford Christian Services of Suwannee County, LLC.

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Incorporation

(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 7-18-19

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:

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

Branford Christian Services of Suwannee County, Inc.

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

5. If not effective on the date of filing, enter the effective date: 6/26/2020

(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.

Type text here

Signed this 26 day of June, 20 20.

Required Signature for Florida ^{Non Profit} Profit Corporation:

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

Incorporator: Karen Watson

Printed Name: Karen Watson Title: Manager

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

Signature: Karen Watson

Printed Name: Karen Watson Title: 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: Branford Christian Services of Suwannee County, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

2909 230th St.

Lake City, FL 32024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To become a 501(c)(3) in order to help the citizens in Suwannee county and the surrounding areas with their practical needs.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jay W. Watson Jr. - P Name and Title: _____

Address 2909 230th St. Address: _____
Lake City, FL 32024

Name and Title: Karen H. Watson - VP Name and Title: _____

Address 2909 230th St. Address: _____
Lake City, FL 32024

Name and Title: Jennifer Johnson-Jamison - CFO Name and Title: _____

Address 211 SW Drake Place Address: _____
Ft. White, FL 32038

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: Karen H. Watson

Address: 2909 230th St.

Lake City, FL 32024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Karen H. Watson

Address: 2909 230th St.

Lake City, FL 32024

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

Karen Watson

Required Signature of Registered Agent

6/26/2020

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.

Karen Watson

Required Signature of Incorporator

6/26/2020

Date