

# N20000011706

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

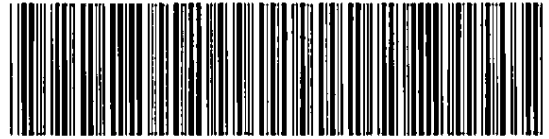
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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2020 OCT 16 PM 3:58

CLERK OF  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

2020 OCT 16 PM 2:37

CLERK OF  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

C RICO  
OCT 16 2020

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 10/16/2020

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- ☒ **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- ☒ **FILING** CONVERSION \_\_\_\_\_

1. **HELP YATEEM INC.**  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: HELP YATEEM INC.

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. ~~607.11~~ 1933 & ~~607.02~~ 202, F.S.

Please return all correspondence concerning this matter to:

SADIQ ALI

Contact Person

Firm/Company

1001 Yamato Rd suite 301

Address

Boca Raton FL 33431

City, State and Zip Code

SALI8511@yahoo.com

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

For further information concerning this matter, please call:

SADIQ ALI

Name of Contact Person

at (954) 822-0900

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees and Certificate of Status  
☐ \$113.75 Filing Fees and Certified Copy  
☐ \$113.75 Filing Fees and Certified Copy  
☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

**Mailing Address:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Conversion  
For  
Converting Eligible Entity  
Into  
Florida 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.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

Not for 617 617  
Help Yateem LLC  
Enter Name of the Converting Entity

2. The converting entity is a Help Yateem INC.  
(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 L20000184802  
(Enter state, or if a non-U.S. entity, the name of the country)

on 06/30/2020  
Enter date "Converting Entity" was first organized, formed or incorporated.

Not for  
3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:

Help Yateem 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.

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TALLAHASSEE, FL  
FEDERAL BUREAU OF INVESTIGATION

Signed this 16 day of October, 2020

**Required Signature for Florida Profit Corporation:**

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

Sadiq Ali

Printed Name: SADIQ Ali Title: President

**Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]**

Signature: Sadiq Ali

Printed Name: SADIQ Ali Title: President

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:**

Articles 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: Help Yateem INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

1001 Yamato Rd Suite 301

Boca Raton FL 33431

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The Corporation is established within the meaning of IRS Publication 557 Section 501(c)(3) organization of the IRS Code of 1986, or the corresponding section of any further tax code and shall be operated exclusively for/to the principle purpose for which the company has been organized which is charitable and philanthropic purposes.

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

Vote pursuant to by laws.

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

Name and Title: SADIA Ali, P Name and Title: Eyad Abushaban, V.P

Address: 1001 Yamato Rd Address: 1001 Yamato Rd  
Suite 301 Suite 301  
Boca Raton FL 33431 Boca Raton, FL 33431

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

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

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

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

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

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

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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: SADIQ ALI

Address: 1001 Yamato Rd Suite 301  
Boca Raton FL 33438

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: SADIQ ALI

Address: 1001 Yamato Rd. Suite 301  
Boca Raton FL 33431

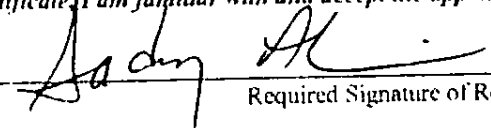
**ARTICLE VIII EFFECTIVE DATE:**

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.)

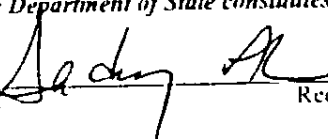
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature of Registered Agent

10/16/2020  
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.*

  
Required Signature of Incorporator

10/16/2020  
Date