

NA1000006379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

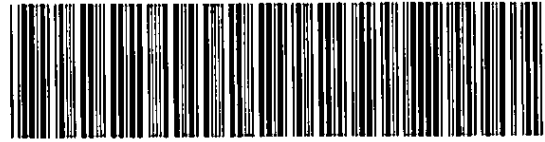
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800365008018

04/29/21--01019--024 **70.00

04/29/21--01019--023 **35.00

2021 APR 29 PM 5:33

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5/26/21 LLC

COVER LETTER

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

SUBJECT: Crazy Animalia, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Nelson Acosta
Name (Printed or typed)

4411 SW Santa Barbara Place
Address

Cape Coral, Florida 33914
City, State & Zip

305-699-5256
Daytime Telephone number

crazyanimalia@gmail.com
E-mail address: (to be used for future annual report notification)

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

LLC into
non profit

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~~ ⁶⁷⁷ Florida Statutes.
Non Profit

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

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC
(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 08/19/2020
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:
Crazy Animalia, Inc.

Enter Name of Florida Profit Corporation
Non Profit

5. If not effective on the date of filing, enter the effective date: 4-23-21
(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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Signed this 23rd day of April, 2021

Required Signature for Florida ^{Not Profit} Profit Corporation:

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

Printed Name: Nelson Acosta Title: President/Director

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

Signature: [Signature]

Printed Name: Nelson Acosta Title: MGR

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)

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ALL APPLICANTS

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

ARTICLE I NAME

The name of the corporation shall be: Crazy Animalia, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
4411 SW Santa Barbara Place
Cape Coral, FL 33914

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The purpose of this entity is to bring awareness and conservation of animals, primarily to children with special needs. It will bring children with developmental disorders (autism and sensory processing disorders) together with animals in order to help them better adapt (sensory and socially).

We will achieve our purpose through education, engagement, and promotion. We hope to take in abandoned (recuses) animals to care for and re-establish to proper homes with the assistance of individuals that can benefit from such care and interaction.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Annual Board Meeting and Voting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nelson Acosta,
Executive Director
Address: _____
4411 SW Santa Barbara Pl
Cape Coral, FL 33914

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

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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: Nelson Acosta
Address: 4411 SW Santa Barbara Pl
Cape Coral, FL 33914

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nelson Acosta
Address: 4411 SW Santa Barbara Pl
Cape Coral, FL 33914

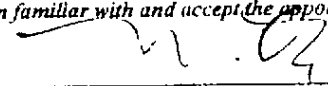
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4-23-21 (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.)

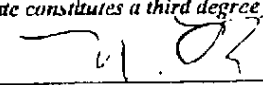
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

4-23-21
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

4-23-21
Date