

N21000012806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

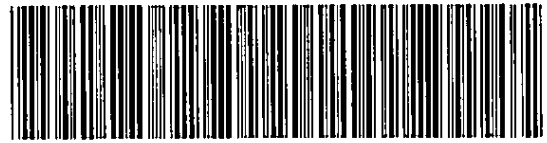
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100371315461

08/12/21--01028--023 **35.00

08/12/21--01028--024 **8.75

11/03/21--01020--002 **\$1.25

2021 OCT -8 PM 6:30

NOV 0 2021

NOV 0 2021

W21000115131



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2021

MASHANDA J INNISS
1616 MCCASKILL AVE AVE 201C
TALLAHASSEE, FL 32310

SUBJECT: MASHANDA'S WE HELP FOUNDATION INCORPORATED
Ref. Number: W21000115131

We have received your document for MASHANDA'S WE HELP FOUNDATION INCORPORATED and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The correct forms are enclosed. Please complete and return all forms along with an additional payment of \$61.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 321A00020043

2021 OCT 1 10:50

2021 OCT -8 14:53

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Mashonda's We Help Foundation Incorporated
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. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Mashonda J Inniss
Contact Person

Mashonda's We Help Foundation Incorporated
Firm/Company

1616 McCall Hill Ave Apt 201C
Address

Tallahassee, FL 32310
City, State and Zip Code

Innissmashonda48@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Latonya Spence at (850) 524-91504
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

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

Mashonda's We Help Foundation LLC
Enter Name of the Converting Entity

2. The converting 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 April 28th 2021
Enter date "Converting Entity" was first organized, formed or incorporated.

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

Mashonda's We Help Foundation 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.

2021 OCT -8 PM 6:05
FILED

Signed this 29th day of September, 2021


Required Signature for Florida Profit Corporation:

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

Mr. King

Printed Name: Mashonda T. Inness Title: Director

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

Signature: 

Printed Name: Mashonda Tmiss Title: Director

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)

Incorporated

ARTICLE I NAME

The name of the corporation shall be: Mashonda's We Help Foundation LLC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1616 McCaskill Ave 201C
Tallahassee, FL 32310

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Domestic Violence Prevention
and Services, Non Profit LLC Incorporation

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As provided in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Mashonda Inniss

Name and Title:

Address

Owner
1616 McCaskill Ave
201C Tallahassee, FL
32310

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2021 OCT - 8 PM 6:39
Tallahassee, FL

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: Mashonda Immiss

Address: 1616 McCaskill Ave
Tallahassee, FL 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mashonda Immiss

Address: 1616 McCaskill Ave
Tallahassee, FL 32310

2021 OCT -8 PM 6:35
Tallahassee, FL

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

M. Immiss

Required Signature of Registered Agent

8/9/21

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.

M. Immiss

Required Signature of Incorporator

8/9/21

Date