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(Requestor's Name)	
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(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

V43/UW53743

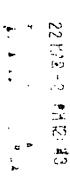
T. SCOTT

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February 28, 2022

SMITTY SMITH 5219 EHRLICH ROAD TAMPA, FL 33624

SUBJECT: C.G. JUNG LIBRARY OF TAMPA BAY INC

Ref. Number: W21000153743

We have received your document for C.G. JUNG LIBRARY OF TAMPA BAY INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

Please return the corrected original and one copy of 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.

Letter Number: 222A00001101

Tyrone Scott Regulatory Specialist II New Filings Section

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: C.G. JUNG LIBRAR Name of Resulting Florida Profit	orporation
The enclosed Articles of Conversion, Articles of Incorporation, and fees	re submitted to convert the following eligible
, · · · · ·	9&507.0202, F.S. 617
Please return all correspondence concerning this matter to:	
Swith Smith Contact Person	
Smith Diversified Services Inc. Firm/Company	
5219 Ehrlich Road	Please Contact
Address	us via enail or
Tampa FL 33624 City, State and Zip Code	by phone should
E-mail address: (to be used for future annual report notification)	you have eny
For further information concerning this matter, please call:	I an avoid delays.
Smith Smith at 1813-79	by phone Should you have any questions so we can avoid delays. to a Daytime Telephone Number
Enclosed is a check for the following amount:	
(\$105.00 Filing Fees and Certificate of Status Status Comparison Comparison	El\$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 5

Converting Eligible Entity Into

Florida Profit Corporation

business entity into a Florida Profit Corporation in accordance with ss. 607-11917 & 507-0200, Florida Statutes.
1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
Enter Name of the Converting Entity
Enter Name of the Converting Entity
2. The converting entity is a (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
en
3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: ADD POFIT Enter Name of Florida Profit Corporation Old Profit
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.

·····	
Signed this 18 day of November	, 20 2.1
Required Signature for Florida Endit Corporation:	
Signature of Director, Officer or, if Directors or Officers	have not been selected, an Incorporator:
Julia-	
Printed Name: Stephanie Crank	·
Required Signature(s) on behalf of Converting Florid	a partnerships, limited partnerships, and limited liability
companies: [See below for required signature(s).]	
Signature:	
Printed Name: Stephanie Crank	
Signature:	
Printed Name:	
Signature:	<u> </u>
Printed Name:	
Signature:	,
Printed Name:	_ Title:
Signature:	
Printed Name:	_ Title:
Signature:	·
Printed Name:	
If Florida General Partnership or Limited Liability	Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
/ If Florida Limited Liability Company:	
Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees:	\$35.00
Articles of Conversion: Fees for Florida Articles of Incorporation:	\$35.00 \$70.00
Certified Copy: Certificate of Status:	\$8.75 (Optional) \$8.75 (Optional)

ARTICLES OF INCORPORATION

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

TAAAA DAALA	r
The name of the corporation shall be C.G. JUNG LIBRARY OF TAMA BAY IN	L
ARTICLE II PRINCIPAL OFFICE	
Principal street address: Mailing address, if different ip.	
4615 E RIVER HISDON VERMING 5219 E FORDICH 18020	
Tampa, FL 33617 Tampa, FL 33624	
• —	
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ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
CONVINAL CONTRACT	
Company of the compan	
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: 20%	
Chamman and the particular of the particular and th	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Title: Angelo Spoto: Name and Title:	
Address 4675 E RIVER HILLSMIESD (VC	
Tampa, P. Washin	
Director	
Name and Title: Stephanie Crambiand Title:	
Address 4615 E. RIVER HALLESSOFILE	
Tampa, FL 33617	
Director	
Name and Title Jennifer Gerulame and Title:	
Address 465 E. RIVER Halls Drive	
Tampa, FL 33617	
Director	

"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 acco	cotable) of the registered agent is:
Name: SMITH-DIVERSIT	TED-SERMLES, INC
Address: 5219 EHRLICH TAMPA, FL-3	FRAD 3624
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Name: Stephone-Cro	nK_
Mudicos:	3613-
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific	. (OPTIONAL) 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 document's effective date on the Department of State's re-	applicable statutory filing requirements, this date will not be listed as the cords.
Having been named as registered agent to accept servic certificate, I am fumiliar with and accept the appointment	te of process for the above stated corporation at the place designated in this as registered agent and agree to act in this capacity
Required Signature of Registers	ed Agent Date
• • •	rein are true. I am aware that any false information submitted in a document to
X Stephe C.L.	11/18/2021
Required Signature of Inc	corporatorDate