

N22000004418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

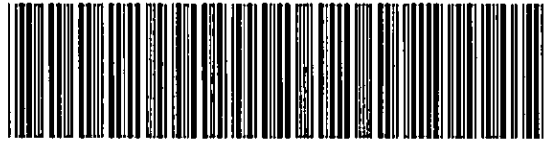
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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05/02/22--01012--001 **113.75

[Handwritten Signature]

2022 MAY -2 AM 7:02
FILED

To:

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

RECEIVED
2022 APR 28 PM 1:49
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA 32314

Contact: Ms. Karen Lovelace

From:

Name: Byron Allen Dickens

Address: 504 3rd st Chipley Fl, 32428

Phone Number: (850) 849-3891

This is in reference to Converting my current LLC into a Non-profit corp

Inside is a check in the amount of \$113.75

Thank you so much!

2022 APR 28 PM 1:49

COVER LETTER

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

SUBJECT: Mr. Byron Dickens
(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: Byron Dickens
Name (Printed or typed)

504 311 St
Address

Chapman FL 32428
City, State & Zip

950 747 3891
Daytime Telephone number

mailto:corporations@flstate.gov
E-mail address: (to be used for future annual report notification)

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, Florida Statutes.
Non-Profit 607

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

McBryden Apple

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Non-Profit 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 Feb 1 2021
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:

~~McBryden Apple~~ Non-Profit

Enter Name of Florida Profit Corporation
Non-Profit

The Academy of Early Vocational
Learning LLC

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 Feb day of 5, 2022.

Required Signature for Florida ~~Profit~~ Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]
Printed Name: JAMES JOSEPH BROWN Title: CEO

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

Signature: [Signature]
Printed Name: Byron Dickens Title: manager / founder

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:

The Academy of Early Childhood Learning, Inc.
1111 Highway 101, Cottondale, FL 32431

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1111 Highway 101
Cottondale, FL 32431

1111 Highway 101
Cottondale, FL 32431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This non-profit is formed to give all children the opportunity to grow to a high degree. By providing them with hands on experience in the classroom environment, we will provide them with a deeper look in to the different trades that are needed to form and sustain a healthy community. This also encourages communication among all in the child's circle. By doing this we will build a stronger community for generations to come.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Voted for by the board members.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bryan Dickens Founder Name and Title: _____

Address: 2934 Topaz Rd Address: _____
Cottondale FL 32431

Name and Title: Joseph Brown Officer Name and Title: _____

Address: 664 Sandy Kitchens Rd Address: _____
Cottondale FL 32431

Name and Title: Ann Dickens Recpt Name and Title: _____

Address: 1111 Highway 101 Address: _____
Cottondale FL 32431

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: Byron Dickens

Address: 2434 Topaz

Orlando FL 32431

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Byron Dickens

Address: 2434 Topaz

Orlando FL 32431

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

[Signature]
Required Signature of Registered Agent

2/15/22
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.

[Signature]
Required Signature of Incorporator

2/15/22
Date