

NA220000012686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

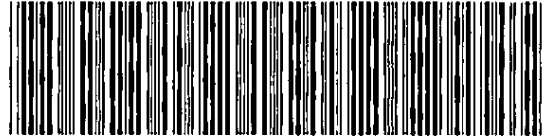
(Document Number)

Certified Copies _____

Certificates of Status _____

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Handwritten signature/initials

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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.

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

JD Athletics, LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited liability company
(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 03/18/2020

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:

JD Athletics

Enter Name of Florida ~~Profit~~ Corporation
Non-Profit

5. If not effective on the date of filing, enter the effective date: 11/09/2022
(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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SECRETARY OF STATE
TALLAHASSEE, FL

Signed this 9 day of November, 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: Chairman
Printed Name: Jazmya Dennis Title: AMBR

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

Signature: [Signature]

Printed Name: Kelly Dennis Title: MBR

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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SECRETARY OF STATE
TALLAHASSEE, FL

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

ARTICLE I NAME

The name of the corporation shall be:

JD Athletics Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address:

180 Hickory Lane

Monticello, FL

32344

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A youth track and field team

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Kelly Dennis ~~VP~~ VP

Address:

180 Hickory Lane
Monticello, FL 32344

Name and Title:

Connor McMillan ~~VP~~ VP

Address:

180 Hickory Lane
Monticello, FL 32344

Name and Title:

Jazmyn Dennis D

Address:

180 Hickory Lane
Monticello, FL 32344

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

SECRETARY OF STATE
TALLAHASSEE, FL

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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: Jazmun Dennis
 Address: 180 Hickory Lane
Monticello, FL 32344

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jazmun Dennis
 Address: 180 Hickory Lane
Monticello, FL 32344


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.)

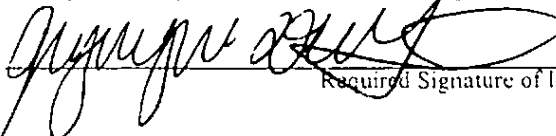
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

11/09/2022
 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

11/09/2022
 Date

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