

N23000005/38

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

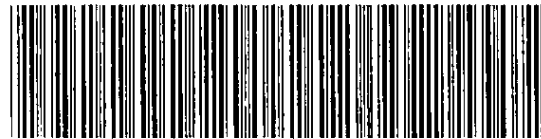
(Document Number)

Copies _____

Certificates of Status _____

at Instructions to Filing Officer.

Office Use Only



700407520437

S. CHATHAM
APR 26 2023

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2023 APR 26 PM 1:17
S. CHATHAM

0.00 + 105.00 = 105.00

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2023 APR 26 PM 1:07
S. CHATHAM
FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Feather Hollow Corp
Name of Resulting Florida ~~Profit~~ Corporation
Non-Profit

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~~ & ~~607.0203~~ F.S.

Non Profit

617

Please return all correspondence concerning this matter to:

James Hatton Feather
Contact Person

N/A
Firm/Company

170 Tara Way
Address

Havana, FL 32333
City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (_____) _____
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

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:

Feather Hollow 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 10/27/22
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:

Florida

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

Feather Hollow Corp

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

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.

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SEC. OF STATE
TALLAHASSEE, FL

Signed this 26 day of April, 2023

Required Signature for Florida Profit Corporation:

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

Incorporator: James Halton (Feather)
Printed Name: James Feather Title: Officer

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

Signature: James Halton (Feather)
Printed Name: James Halton Feather 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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SECRETARY OF STATE
FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: Feather Hollow Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address:

170 Tara Way
Havana, FL 32333

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Positive Reflection. To provide
medical change and positive reflection to families
in the community who need help; to make a
positive impact with people with parkinson's disease.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As per by
the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Asa Hatton Officer Name and Title: _____

Address: 170 Tara Way Address: _____
Havana, FL 32333

Name and Title: Rebecca Hatton - Officer Name and Title: _____

Address: 170 Tara Way Address: _____
Havana, FL 32333

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FL
SECRETARY OF STATE

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: Rebecca Hatton
Address: 190 Tara Way
Havana, FL 32333

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James Hatton Feather
Address: 190 Tara Way
Havana, 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

James Hatton (Feather) 4-26-23
Required Signature of Registered Agent 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.

James Hatton (Feather) 4-26-23
Required Signature of Incorporator Date