

N23000010553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

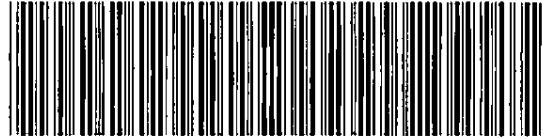
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: _____

Bar People's Network, INC
(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: _____

Toney R. Chines
Name (Printed or typed)

861 W. Madison Place
Address

Orlando Springs, FL 32834
City, State & Zip

(954) 608-8435
Daytime Telephone number

ToneyChines@aatt.net
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation
Not 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.
Not Profit

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

Poor People's Network, 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 September 28, 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:

N/A

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

Poor People's Network, INC
Enter Name of Florida Profit Corporation
Not Profit

5. If not effective on the date of filing, enter the effective date: date of filing
(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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Signed this 19th day of June, 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: Toney R. Chines
Printed Name: Toney R. Chines Title: CEO

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

Signature: Toney R. Chines
Printed Name: Toney R. Chines Title: Founder/CEO
Signature: Toney R. Chines
Printed Name: Adriana Chines Title: Secretary/Vice Chairman
Signature: Adriana Chines
Printed Name: Richard Sciarappa Title: Officer
Signature: Richard Sciarappa
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.

<u>Fees:</u>	
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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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Poor People's Network, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

861 W Madison Place
Citrus Springs Florida 34434

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide a platform aimed
at reducing poverty, especially generational
poverty, in all of its forms on a county by-
county basis.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Initial
directors are selected based upon administrative and/or
Small business startup & implementation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Torrey Plines, CEO Name and Title: _____

Address: 861 Madison Place Address: _____
Citrus Springs, FL 34431

Name and Title: Adriana Clines, Secretary Name and Title: _____

Address: 861 W. Madison Place Address: _____
Citrus Springs, FL 34431

Name and Title: Richard Sarappa, Project Mgr Name and Title: _____

Address: 451 Banks Road #8 Address: _____
Margate, FL 33063

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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: Toney R. Clines
Address: 861 W. Madison Pl
Citrus Springs, FL 34434

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Toney R. Clines
Address: 861 W. Madison Pl
Citrus Springs, FL 34434

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 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

Toney R. Clines

Required Signature of Registered Agent

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.

Toney R. Clines

Required Signature of Incorporator

6/19/23

Date

6/19/23

Date

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