

N23000012570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

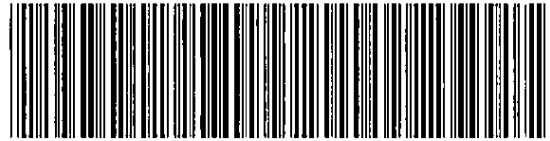
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/12/23--01004--003 **70.00

PAID BY DEBIT CARD

2023 OCT 12 PM 3:00

COVER LETTER

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

SUBJECT: SOUTH FLORIDA A&M CLUB 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: Aaron Leatherwood
Name (Printed or typed)

4734 Village Way
Address

Davie FL 33314
City, State & Zip

561-313-4922
Daytime Telephone number

aaron.d.leatherwood@gmail.com
E-mail address: (to be used for future annual report notification)

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

2023 OCT 12 PM 3:00

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. 607.11-15, Florida Statutes.
Non Profit *607*

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

SOUTH FLORIDA A&M CLUB, LLC
Enter Name of Other Business Entity

2. The "Other Business Entity" is a 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 07/16/2023
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 *Non Profit* Profit Corporation as set forth in the attached Articles of Incorporation:

SOUTH FLORIDA A&M CLUB
Enter Name of Florida Profit Corporation
Non Profit

5. If not effective on the date of filing, enter the effective date: DATE OF FILING ^{ADW} 27 July 2023
(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 04 day of OCTOBER, 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: [Signature]
Printed Name: Angela [unclear] Title: President

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

Signature: N/A

Printed Name: _____ Title: _____

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: SOUTH FLORIDA A&M CLUB, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

4734 Village Way
Davie FL 33314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: exclusively for social, charitable,
and educational purposes. Membership is exclusive to
the Association of Former Students of Texas A&M University.
This club serves to unite former A&M students in the
greater South Florida region.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aaron Heatherwood President Name and Title: _____

Address: 4734 Village Way Address: _____
Davie FL 33314

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2023 OCT 12 PM 3:00

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: Aaron Leatherwood, President

Address: 4734 Village Way
Davis FL 33314

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Aaron Leatherwood

Address: 4734 Village Way
Davis FL 33314

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 27 July 2023 (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

Aaron Leatherwood
Required Signature of Registered Agent

04 Oct 2023
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.

Aaron Leatherwood
Required Signature of Incorporator

04 Oct 2023
Date
FILED
2023 OCT 12 PM 3:00