

NA3000012975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

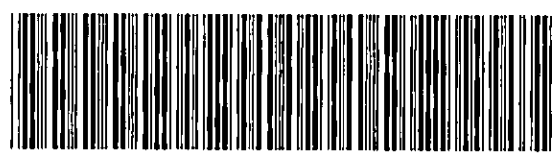
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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000417862860

*[Signature]*  
10/27/23

10/05/23--01037--001    \*\*30.00  
08/22/23--01012--005    \*\*30.00  
10/30/23--01003--001    \*\*53.75

STATE OF FLORIDA  
TALLAHASSEE, FL

2023 OCT 27 PM 6:16

*[Handwritten mark]*

COVER LETTER

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

SUBJECT: Immeasurably MORE INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

~~42~~ \$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: NATALIE FRENCH  
Name (Printed or typed)  
5870 Jim Davis Rd  
Address  
Parrish FL 34219  
City, State & Zip  
941 730-0354  
Daytime Telephone number

78.75 + 35.00  
= 113.75  
- 30.00  
- 30.00  

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53.75  
due

Immeasurablymoreministries@outlook.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 27 PM 6:16  
STATE  
TALLAHASSEE, FL

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* <sup>677</sup>

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

IMMEASURABLY MORE

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 FL  
(Enter state, or if a non-U.S. entity, the name of the country)

on 2-25-2018  
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:

IMMEASURABLY MORE INC.

Enter Name of Florida Profit Corporation  
*Non Profit*

5. If not effective on the date of filing, enter the effective date: AUG 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.

2023 OCT 27 PM 5:16  
STATE  
TALLAHASSEE, FL

Signed this Oct 23 day of OCT, 20 23

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: NATALIE FRENCH  
Printed Name: NATALIE FRENCH Title: PRES

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

Signature: [Signature]  
Printed Name: NATALIE French Title: President

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.

<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)

2023 OCT 27 PM 6:16  
STATE

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

**ARTICLE I NAME**

The name of the corporation shall be: IMMEASURABLY MORE INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

5870 Jim Davis Rd  
PARISH FL 34219

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: For charitable, religious, educational,  
and scientific purposes, including the making of distributions  
to organizations that qualify as exempt organizations  
under Section 501c3 of the IRS tax code.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Appointed  
by the President

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: NATAUS FRENCH, PRES Name and Title: \_\_\_\_\_

Address 5870 Jim Davis Rd Address: \_\_\_\_\_  
PARISH FL 34219

Name and Title: Ben Payne, VP Name and Title: \_\_\_\_\_

Address 125 Oak Knoll Circle Address: \_\_\_\_\_  
SEBING FL 33876

Name and Title: EMILY CAMPBELL, SEC Name and Title: \_\_\_\_\_

Address 2730 Adams St Address: \_\_\_\_\_  
HOLLYWOOD FL 33020

2023 OCT 27 PM 6:16  
RECEIVED  
SECRETARY'S OFFICE

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: NATALIE FRENCH  
 Address: 5870 Jim DAVIS Rd  
PARISH FL 34219

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: NATALIE FRENCH  
 Address: 5870 Jim DAVIS RD  
PARISH FL 34219

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: AUG 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*

[Signature]  
 Required Signature of Registered Agent

10-20-23  
 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

10-20-2023  
 Date

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 OFFICE OF THE CLERK  
 DEPARTMENT OF STATE