

N23000012975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

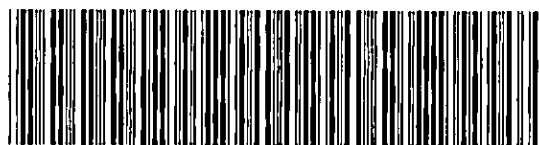
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000417862860

[Signature]
10/21/23

10/05/23--01037--001 **30.00

08/22/23--01012--005 **30.00

10/30/23--01003--001 **53.75

FILED
2023 OCT 27 PM 6:16
STATE
TALLAHASSEE, FL

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 :

~~\$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

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.

78.75 + 35.00
= 113.75
- 30.00
- 30.00

53.75
due

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 6/7

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 Non Profit 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.

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STATE
TALLAHASSEE, FL

Signed this Oct 23 day of OCT, 20 23

Required Signature for Florida ^{Non 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: NLF
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.

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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STATE
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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: 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 501(c)(3) 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: NATALE 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

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

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

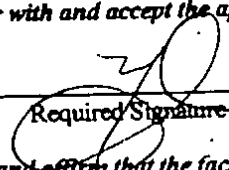
Name: NATALIE FRENCH
Address: 5870 Jim DAVIS Rd
PARISH FL 34219

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



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.



Required Signature of Incorporator

10-20-2023
Date

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STATE OF FLORIDA
DEPARTMENT OF STATE