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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

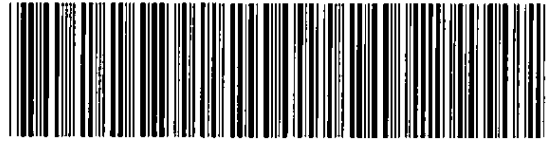
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

manner of election added  
via phone call 11/06/23  
S.C.

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08/17/23--01014--017 \*\*60.00

10/30/23--01038--001 \*\*45.00

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SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** CREATIVE MINDS ADVOCACY INC.

Name of Resulting Florida Profit Corporation

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 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

**KIMBERLY HUGHES**

Contact Person

Firm/Company

**920 S. SHARAR AVE.**

Address

**OPA-LOCKA, FL 33054**

City, State and Zip Code

keepsake1920@yahoo.com

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

For further information concerning this matter, please call:

**KIMBERLY HUGHES** at ( **786** ) **263-0317**

Name of Contact Person

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                      and Certified Copy                      Certified Copy, and  
Status    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

**Articles of Conversion**  
For  
**Converting Eligible Entity**  
**Non** Into  
**Florida Profit Corporation**

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following **eligible business entity into a Florida Profit Corporation** in accordance with ss. ~~607.1133 & 607.0202~~ 607.1133 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

**CREATIVE MINDS ADVOCACY, LLC**

Enter Name of the Converting Entity

2. The converting 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 **07/09/2023**

Enter date "Converting Entity" was first organized, formed or incorporated.

**Non -**

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

**CREATIVE MINDS ADVOCACY INC.**

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

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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TALLAHASSEE, FL

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Signed this 3 day of Oct., 2023

**Required Signature for Florida Profit Corporation:**

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

Kimberly Hughes

Printed Name: Kimberly Hughes Title: CEO

**Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies:** [See below for required signature(s).]

Signature: Kimberly Hughes

Printed Name: Kimberly Hughes Title: CEO

Signature: Kimberly Hughes

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:**

Articles 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: Creative Minds Advocacy

INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

920 S HARAR AVE  
OPALOCKA FLA. 33054

Mailing address, if different is:

P.O. Box 170043  
Miami FLA. 33017

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Creative Minds Advocacy, Inc. is  
organized and operated exclusively for charitable purposes in  
accordance with Section 501(c)(3) of the Internal Revenue  
Code. More specifically Creative Minds Advocacy, Inc is dedicated  
to enriching the lives of children and their families by  
providing educational support & mentorship to close gaps in  
success.

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

by-laws.

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

Name and Title:

Name and Title:

Address

Address:

Name and Title: Kimberly Hughes CEO

Name and Title:

Address

920 SHARAR AVE  
OPALOCKA FLA. 33054

Address:

Name and Title:

Name and Title:

Address

Address:

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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: Kimberly Hughes

Address: 9205 Shrapan Ave  
Orlando FL 33054

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kimberly Hughes

Address: 920 Shrapan Ave  
Orlando FL 33054

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10/4/2023 (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

Kimberly Hughes

Required Signature of Registered Agent

10/4/2023  
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.

Kimberly Hughes

Required Signature of Incorporator

10/4/2023  
Date

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