

N230000013900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

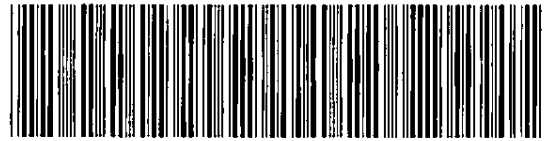
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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11/15/23--01014--021 \*\*127.50

2023 NOV 15 11:27  
MAIL ROOM

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. 605.4115, Florida Statute.  
*Not Profit*

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

Aubriana's Toybox 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 FL Hillsborough  
(Enter state, or if a non-U.S. entity, the name of the country)

on February 8, 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 <sup>*Not Profit*</sup> Profit Corporation as set forth in the attached Articles of Incorporation:

Aubriana's Toybox Inc.

Enter Name of Florida Profit Corporation  
*Not Profit*

5. If not effective on the date of filing, enter the effective date: Nov. 6, 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 6<sup>th</sup> day of November, 2023

Required Signature for Florida LLC Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been elected, an  
Incorporator: Pamela Rockerman  
Printed Name: Pamela Rockerman Title: \_\_\_\_\_

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

Signature: Pamela Rockerman

Printed Name: Pamela Rockerman 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:  
Fees for Florida Articles of Incorporation:  
Certified Copy:  
Certificate of Status:

\$35.00  
\$70.00  
\$3.75 (Optional)  
\$3.75 (Optional)

check for 127.50

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

**ARTICLE I NAME**

The name of the corporation shall be: Aubriana's Toybox Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

19118 Fern Meadow Loop  
Lutz FL 33558

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Non-Profit providing  
toys to children in the hospital

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

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

Name and Title: Pamela Rockerman Name and Title: \_\_\_\_\_

Address: 19118 Fern Meadow Loop Address: \_\_\_\_\_  
Lutz FL 33558

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ 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: Pamela Rockerman

Address: 19118 Fern Meadow Loop  
Lutz FL 33558

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Pamela Rockerman

Address: 19118 Fern Meadow Loop  
Lutz FL 33558

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the 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*

Pamela Rockerman  
Required Signature of Registered Agent

11/6/23  
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.*

Pamela Rockerman  
Required Signature of Incorporator

11/6/23  
Date

2023 NOV 15 PM 11:27  
HALL COUNTY, FL