

N24000002290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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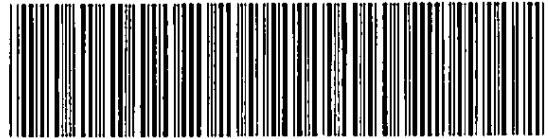
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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~~ Non-Profit Corporation in accordance with s. ~~607.111~~ 607.112, Florida Statutes.

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

Time Square Owners Association, Inc.
Enter Name of Other Business Entity

2. The "Other Business Entity" is a Florida Not For Profit Corporation
(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 10/30/2008
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~~ Non-Profit Corporation as set forth in the attached Articles of Incorporation:

Time Square Owners Association, Inc.
Enter Name of Florida ~~Profit~~ Non-Profit Corporation

5. If not effective on the date of filing, enter the effective date: 10/30/2008
(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 8 day of February, 2024

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: Scot Ross Title: President

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

Signature: _____

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.

<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)

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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: Time Square Owners Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

c/o Cornerstone Management Services

106 NW 33rd Court, Suite A

Gainesville, FL 32607

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: collect association dues

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:	<u>Scot Ross, President/Sec</u>	Name and Title:	<u>Trina Christensen, Director</u>
Address	<u>c/o Cornerstone Management Services</u>	Address:	<u>c/o Cornerstone Management Services</u>
	<u>106 NW 33rd Court Suite A</u>		<u>106 NW 33rd Court Suite A</u>
	<u>Gainesville, FL 32607</u>		<u>Gainesville, FL 32607</u>
Name and Title:	<u>Bonnie Ross, Treasurer</u>	Name and Title:	_____
Address	<u>c/o Cornerstone Management Services</u>	Address:	_____
	<u>106 NW 33rd Court Suite A</u>		_____
	<u>Gainesville, FL 32607</u>		_____
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: James Todd Williams
 Address: c/o Cornerstone Management Services
106 NW 33rd Court Suite A
Gainesville, FL 32607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Scot Ross, President
 Address: c/o Cornerstone Management Services
106 NW 33rd Court, Suite A
Gainesville, FL 32607

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/30/2008 (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

2-8-24
 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

2-8-24
 Date

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