N2400000 2826

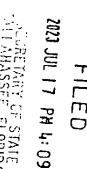
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





000412251600

07/17/28--01024--008 **105.00





Certificate of Conversion
For

Other Business Entity
Into
Florida Profit Corporation

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. 607.1415; Florida Statutes.

New Fresit.

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

Grieving families of Youth Volence Luc

Enter Name of Other Business Entity

2. The "Other Business Entity" is a 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 4 10 2022
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:

Greving Families of Youth Violence Inc.
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 213 2024.

(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.)

<u>Note:</u> 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.

Page I of 2



Sign	ed unus 13 day or Februar	4 20 24	
Regu	ired Signature for Florida Profit Cornoration:)	
Signs Incor Printe	sture of Chairman, Vice Chairman, Director, Office porator: (Lange et Lange) a Name: Da Rock Lange Title: President	er, or, if Directors or Officers have not been selected.	ed, an
	ired Signature(s) on behalf of Other Business !		
Signa	iuro: Danelle Waldo	<u> </u>	
Printe	d Name. Dave'lle Waldon	_Title: Vce- resident	
Signa	ture:		
Printe	d Name:	_ Tide:	
	rure:	•	
Printe	d Name:	Title:	
	ure:		
Printe	d Name:		
Signat	ure:		
Printe	d Name:	_ Title:	
	ure:		
Printe	d Name:	Title:	
If Flor Signat	rida General Purtnership or Limited Liability ure of one General Partner.	Partnership:	Ā
If Flor Signat	ida Limited Partnership or Limited Liability ures of ALL General Partners.	Limited Partnership;	VHAS
<mark>If Flor</mark> Signati	ida Limited Liability Company: use of a Member or Authorized Representative.		SEE.
<u>All oth</u> Signati	ners: ure of an authorized person.	,	STATE FLORIN,
Pecs:	Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Stants.	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	•

FILED
2023 JUL 17 PH 4: 09
FATERETARY OF STAIL

Page 2 of 2

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

The name of th	NAME le corporation shall be: Grieving	FAMILIE	S OF YOUTH	Vidence I	- //C
	PRINCIPAL OFFICE				
90	Principal <u>street</u> address:		Mailing address, if diff	ferent is:	
Kc	Ly West FL 33040				
	PURPOSE or which the corporation is organized is:				_
familie	s, friends, and the	e com		• •	
	J 1-				<u> </u>
- 1	MANNER OF ELECTION The manner exter by the by an initial officers and/or director	ws.	ctors are elected and appointe	d:	
Name and Titl	. Darrell WALDNIP)	Name and Title:	Danelle World	on (UP)	
Address	90 94h Avenue Keylvest FL 33040	Address:	9c 9th Aver Key West FL	33040 AND 1011	וד
Name and Titl	e. Phyllis Jackson (AR)	Name and Title:	Jada Wallor	(AR)	ÏL E D
Address	e Phyllis Jackson (AR) 206 B Magnolia Cir. FORT Gordon GA 309	Address:	9c All Aven	INCOME TO	フ
	FORT GOLDON GH JUS	<i>US</i>	Ded Men b	<u>C 530</u> 4 6	
Name and Titl	e:	Name and Title:			
Address		Address:			

Name and Title:	Name and Title:
Address	Address:
	
Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGIS	TERED AGENT treet address (P.O. Box NOT acceptable) of the registered agent is:
	MACDON
	c 941 Avenue
	cy West FL 33040
-4-2	
ARTICLE VII INCO	
Name: I	ARRELL WALPON
Address: <u>90</u>	9TH AVE
_ <i>k</i>	EY WEST, Fr. 33040
ARTICLE VIII EFFI	CCTIVE DATE:
Effective date, if other to (If an effective date is	han the date of filing: (OPTIONAL) listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)
Note: If the date insert document's effective da	ed in this block does not meet the applicable statutory filing requirements, this date will not be listed as the te on the Department of State's records.
Having been named as certificate, I am familia	registered agent to accept service of process for the above stated corporation at the place designated in this r with and accept the appointment as registered agent and agree to act in this capacity
Danille	Neuldia 2 1,3 2024 Required Signature of Registered Agent Date
I submit this document the Department of State	and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to constitutes a third degree felony as provided for in s.817.155, F.S.
Danel	Required Signature of Incorporator 2/13/24 Date

. . .