

NR/00003/96

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

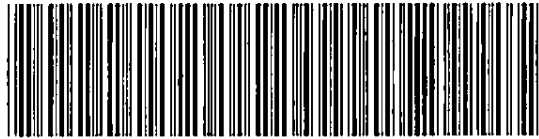
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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STATE
CLERK
TALLAHASSEE, FL

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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. 607.4115, Florida Statutes.

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

Island Beat
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 Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on 4/17/2012
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:

N/A

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

Island Beat, Inc.
Enter Name of Florida Profit Corporation
Non-Profit

5. If not effective on the date of filing, enter the effective date: 3/11/24
(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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CLERK OF THE COURT
STATE
FL

Signed at _____ day of _____, 20__

Required Signature for Florida Franchise Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Inc. Operator _____

Printed Name _____ Title _____

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:

Signature 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 Incorporation	\$35.00
Fees for 1 or 25 Articles of Incorporation	\$70.00
Certified Copy	\$2.75 (Optional)
Certificate of Status	\$2.75 (Optional)

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COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Island Beat 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: John P. Joseph
Name (Printed or typed)

6010 Gamble Drive
Address

Orlando, FL 32808
City, State & Zip

321. 217. 7403
Daytime Telephone number

islandbeatradio@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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STATE
FL

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

ARTICLE I NAME

The name of the corporation shall be: Island Beat Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

6010 Gamble Drive
Orlando, FL 32808

Mailing address, if different is:

P.O. Box 681099
Orlando, FL 32868

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To promote and infuse the culture of the Caribbean into the central Florida Community, through sponsoring community events and musical activities to educate and entertain local communities of Caribbean culture and heritage.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The Directors/officers are elected and appointed by a simple majority vote by the members

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John P. Joseph, Director Name and Title: Michelle Smith, Assistant Director

Address: 1406 Evangeline Ave. Address: 6010 Gamble Drive
Orlando, FL 32809 Orlando, FL 32808

Name and Title: Ann Marie Honore, DIR- Name and Title: Shatema Joseph, Assist. Manager

Address: 474 Bar-Bashela Circle Address: 7612 Pomelo Drive
Stone Mountain, GA Orlando, Florida
30088 32819

Name and Title: Shagulle Joseph, Marketing Name and Title: _____

Address: 1406 Evangeline Ave. Address: _____
Orlando, FL _____
32809 _____

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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: John P. Joseph
Address: 6010 Gamble Drive
Orlando, FL 32808

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John Joseph
Address: 6010 Gamble Drive
Orlando, FL 32808

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:

John Joseph
Required Signature of Registered Agent

12/29/23
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.

John Joseph
Required Signature of Incorporator

12/29/23
Date

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