

N24000004143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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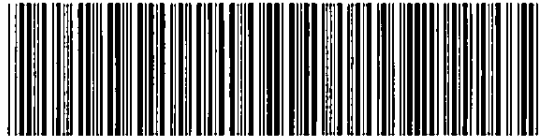
(Business Entity Name)

(Document Number)

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

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2024 FEB 29 5:01 PM

COVER LETTER

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

SUBJECT: THE REAL LO' DEBAR PRISON MINISTRIES CORP  
(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: SANAL HAMMOND  
Name (Printed or typed)

2045 NE 172ND ST APT 5  
Address

NORTH MIAMI BEACH FL 33162  
City, State & Zip

(305) 465-9409  
Daytime Telephone number

godschosenvesse167@gmail.com  
E-mail address: (to be used for future annual report notification)

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

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. 607.1415, Florida Statutes.  
Non Profit

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

THE REAL LO' DEBAR PRISON MINISTRIES LLC

Enter Name of Other Business Entity

2. The "Other Business 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 10/05/2023  
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 ~~Profit~~ Corporation as set forth in the attached Articles of Incorporation:

THE REAL LO' DEBAR PRISON MINISTRIES CORP

Enter Name of Florida ~~Profit~~ Corporation  
Non Profit

5. If not effective on the date of filing, enter the effective date: 02/23/2024  
(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.)

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 23rd day of FEBRUARY, 2024

Notary?  
Required Signature for Florida ~~Profit~~ Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an  
Incorporator: Samal Hammond  
Printed Name: Samal Hammond Title: President

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

Signature: Samal Hammond

Printed Name: SAMAL HAMMOND Title: NGR

Signature: [Signature]

Printed Name: SILVETA TADOR Title: SECT

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:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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

ARTICLE I NAME

The name of the corporation shall be: The Real Lo' Debar Prison Ministries Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2045 NE 172nd ST

Mailing address, if different is:

North Miami Beach, FL 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To minister to people in prison the word of God; to guide and provide safehouse for those who are released from prison. Giving them a chance to incorporate into society as positive role to others.

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

Incorporator

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Samal Hammond, P Name and Title: \_\_\_\_\_

Address: 2045 NE 172nd ST Address: \_\_\_\_\_

Apt 5

North Miami Beach FL 33162

Name and Title: Silveta Tador, VP Name and Title: \_\_\_\_\_

Address: 2045 NE 172nd ST Address: \_\_\_\_\_

Apt 5

North Miami Beach FL 33162

Name and Title: Ada Bravo, S Name and Title: \_\_\_\_\_

Address: 2045 NE 172nd ST Address: \_\_\_\_\_

Apt 5

North Miami Beach FL 33162

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: Samal Hammond

Address: 2045 NE 172nd St Apt 5  
North Miami Beach, FL 33162

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Samal Hammond

Address: 2045 NE 172nd St Apt 5  
North Miami Beach FL 33162

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 02/24/2024 (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

Samal Hammond  
Required Signature of Registered Agent

02/23/24  
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.

Samal Hammond  
Required Signature of Incorporator

02/23/24  
Date