

N2400006419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

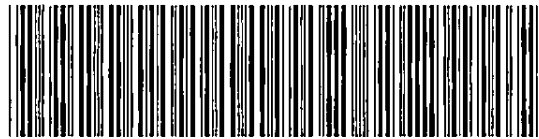
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/03/24--01005--018 **70.00

05/03/24--01005--018 35.00

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2024 JUN -3 AM 9:47

CLERK OF STATE
TALLAHASSEE, FL

RECEIVED

2024 JUN -3 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FL 09004
69

Latasha Davis

Requesters name

1197 C-1st Rd.

Address

Homestead, FL 33033

City/State/Zip

850-566-4682

Phone

OFFICE USE ONLY

W. Solomon Adult Day Care Service

CORPORATION NAME(s) AND DOCUMENT NUMBER(s) (if known):

CORPORATION NAME AND DOCUMENT NUMBER

CORPORATION NAME AND DOCUMENT NUMBER

CORPORATION NAME AND DOCUMENT NUMBER

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LATASHA SEE, FL

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|---|---|--|
| <input checked="" type="checkbox"/> Walk-in | <input type="checkbox"/> pick-up time _____ | <input type="checkbox"/> certified copy |
| <input type="checkbox"/> Mail out | <input checked="" type="checkbox"/> will wait | <input type="checkbox"/> Certificate of Status |
| | <input type="checkbox"/> photocopy | |

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. 607.1145, Florida Statutes.
Non Profit 607

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

Wisdom Adult Day Care Services, 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 1/29/2013
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:

Wisdom Adult Day Care Services, INC
Enter Name of Florida ~~Profit~~ Corporation
Non Profit

5. If not effective on the date of filing, enter the effective date: 5/31/2024
(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.

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DEPARTMENT OF STATE
TALLAHASSEE, FL

Signed this 3rd day of June, 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: Lekeisha Davis Title: Chairman

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

Signature: Lekeisha Davis

Printed Name: Lekeisha Davis Title: Chairman

Signature: Melissa Ward

Printed Name: Melissa Ward Title: Vice Chairman

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) |

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CLERK OF STATE
TALLAHASSEE, FL

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

ARTICLE I NAME

The name of the corporation shall be: Wisdom Adult Day Care Services, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1747 FL-CA Highway
Havana, FL 32333

Mailing address, if different is:

1747 FL-CA Hwy
Havana, FL 32333

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: provide compassionate care and
dedicated therapeutic programs / services to our participants.
Specializing in adult day care services to seniors.

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

interested in serving can submit their name for consideration; the names are then
compiled into a slate that is put to a vote by all members

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Melissa Ward / Vice Chairman / Director Name and Title: _____

Address 9349 FL-CA Hwy Address: _____
Havana, FL 32333

Name and Title: Lutesha Davis / Chairman / Director Name and Title: _____

Address 1197 Glade Rd Address: _____
Havana, FL 32333

Name and Title: Shanica Smith / Director Name and Title: _____

Address 1197 Glade Rd Address: _____
Havana, FL 32333

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HALL COUNTY CLERK
HALL COUNTY, FL

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: Latesha Davis

Address: 1197 Clark Road

Havana, FL 32333

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Latesha Davis

Address: 1197 Clark Road

Havana, FL 32333

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5/31/2024 (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

Latesha Davis
Required Signature of Registered Agent

6/3/2024
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.

Latesha Davis
Required Signature of Incorporator

6/3/2024
Date

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DEPARTMENT OF STATE
TALLAHASSEE, FL