

N24000006547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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02/23/24--01016--025 \*\*25.00

06/04/24--01039--001 \*\*80.00

2024 JUN 11 10:00 AM

Certificate of Conversion  
For  
"Other Business Entity"  
Into  
Florida Profit Corporation  
*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. 607.1115, Florida Statutes.

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

Le Tabernacle Des Elus De Naples 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 November 4, 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 <sup>Profit</sup> ~~Profit~~ Corporation as set forth in the attached Articles of Incorporation:

Le Tabernacle Des Elus De Naples Inc

Enter Name of Florida Profit Corporation  
*Profit*

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_

(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 5<sup>th</sup> day of June, 2024.

Required Signature for Florida Sole Corporation:

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

Incorporator: Smith Titus  
Printed Name: Smith Titus Title: President

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

Signature: Smith Titus

Printed Name: Smith Titus Title: President

Signature: Francois

Printed Name: Francois F. Francois Title: Director

Signature: Joseph Joseph

Printed Name: Joseph Joseph Title: Secretary

Signature: Enoc Augustin

Printed Name: Enoc Augustin Title: Director

Signature: Vierge M. La Milien

Printed Name: Vierge M. La Milien Title: Treasurer

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: Le Tabernacle Des Elus De Naples Inc

### ARTICLE II PRINCIPAL OFFICE

Principal street address:

11665 Collier Blvd #990901  
Naples FL 34116

Mailing address, if different is:

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Non Profit Church

### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: \_\_\_\_\_

Vote between Members

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Smith Elias / President  
Address: 2505 Scarlet Way  
Naples FL 34120

Name and Title: Francis F Francis / Director  
Address: 8660 New Dr Apt 201  
Naples FL 34104

Name and Title: Eric Augustin / Director  
Address: 5418 Gatts St  
Naples FL 34113

Name and Title: Samir Joseph / Secretary  
Address: 4361 17th Ave SW  
Naples, FL 34116

Name and Title: Vierge Rita Milien / Treasurer  
Address: 5354 McCallum St  
Naples, FL 34113

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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: Smith Tilos

Address: 2595 Scarlet Way

Naples, FL 34120

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Smith Tilos

Address: 2595 Scarlet Way

Naples FL 34120

**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*

Smith Tilos

Required Signature of Registered Agent

6/5/24

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.*

Smith Tilos

Required Signature of Incorporator

6/5/24

Date

6/5/24