

N24000011536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

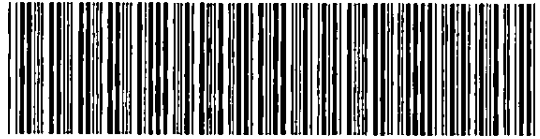
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Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

WZ4000122506

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation
Not 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:

Florida Superstars 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 11/08/2019
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 ^{*Not Profit*} Profit Corporation as set forth in the attached Articles of Incorporation:

South Florida Super Stars, Inc.

Enter Name of Florida Profit Corporation
Not Profit

5. If not effective on the date of filing, enter the effective date: 06/01/2024
(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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SECRETARY OF STATE
TALLAHASSEE, FL

Signed this 19th day of August, 2024

Required Signature for Florida S, LLC Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been elected, an Incorporator: Noella Kaufman
Printed Name: Noella Kaufman Title: President

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

Signature: Noella Kaufman
Printed Name: Noella Kaufman Title: President

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:
Signatures 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 Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$3.75 (Optional)
Certificate of Status:	\$3.75 (Optional)

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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: South Florida Super Stars, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

565 Vista Isles Drive #2011

Plantation, Fl. 33325

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

South Florida Superstars' purpose is to promote youth activities in a dance and baton twirling corps
of which members shall consist of youth ranging from four to twenty-one years of age.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Noella Kaufman / President

Name and Title: _____

Address 565 Vista Isles Drive #2011

Address: _____

Plantation, Fl. 33325

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, 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: Noella Kaufman

Address: 565 Vista Isles Drive #2011

Plantation, Fl. 33325

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Noella Kaufman

Address: 565 Vista Isles Drive #2011

Plantation, Fl. 33325

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

Noella Kaufman

Required Signature of Registered Agent

08/19/2024

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.

Noella Kaufman

Required Signature of Incorporator

08/19/2024

Date

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