

N24000011888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

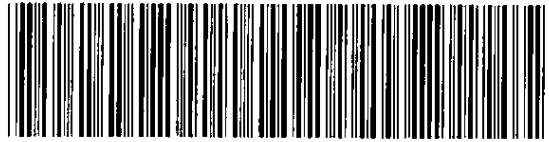
(Document Number)

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

Special Instructions to Filing Officer.

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08/28/24--01022--005 \*\*105.00

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2024 AUG 28 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FL

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. ~~607.1115~~ <sup>607.1115</sup> Florida Statutes.  
*Non-Profit*

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

My Soul Sister  
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 4/24/2023  
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:

My Soul Sister  
Enter Name of Florida ~~Profit~~ Corporation  
*Non-Profit*

5. If not effective on the date of filing, enter the effective date: 9/14/2024.  
(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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2024 AUG 28 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FL

Signed this 24<sup>th</sup> day of August, 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: Taylor Gibson

Printed Name: Taylor Gibson Title: Director

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

Signature: [Signature]

Printed Name: Taylor Gibson Title: Authorized Representative

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.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$3.75 (Optional)
Certificate of Status:	\$8.75 (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: My Soul Sister Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

4170 Worlington Terrace

Fort Pierce, FL 34947

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A organization that strives to  
generate a lasting impact through community service,  
mentorship, professional development, and higher education.  
By transforming the perspectives and enhancing opportunities  
for African-American women and girls.

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

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Taylor Gibson MGR Name and Title: Taina Pizarro MGR

Address: 4170 Worlington Terrace Address: 607 EL PIANO  
Fort Pierce, FL West Palm Beach,  
34947 FL 33405

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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TALLAHASSEE, FL

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Signed this 24<sup>th</sup> day of August, 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: Taylor Gibson

Printed Name: Taylor Gibson Title: Director

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

Signature: [Signature]

Printed Name: Taylor Gibson Title: Authorized Representative

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.

Fees:

Certificate of Conversion:	\$35.00
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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: Taylor Gibson

Address: 4170 Wellington Terrace

Fort Pierce, FL 34947

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Taylor Gibson

Address: 4170 Wellington Terrace

Fort Pierce, FL 34947

**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*



Required Signature of Registered Agent

8/24/2024  
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.*



Required Signature of Incorporator

8/24/2024  
Date

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TALLAHASSEE, FL