## N24000012363

(Requestor's Name)
(Address)
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(Äddress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(D
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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## **COVER LETTER**

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

SUBJECT:	Growing Minds farms Inc.
	(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

S87.50 Filing Fee,

& Certified Copy

Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Kathleen Saint Leger
Name (Printed or typed)

8111 Happy TH Address

Kissimmee, fl 34747 City, State & Zip

407 - 460 - 1768

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

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, Florida Statutes. 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: Enter Name of Other Business Entity 2. The "Other Business Entity" is a (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 \_ (Enter state, or if a non-U.S. entity, the name of the country) 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 Floride Profit-Corporation as set forth in the attached Articles of Incorporation: lame of Florida Profit Corporation 5. If not effective on the date of filing, enter the effective date: 101 (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.

Page 1 of 2

L 24000358709

Signed this 14th day of OCAOPEY			
हिन्द्राति Required Signature for Florida Presit Corporation	<u>n:</u>		
Signature of Chairman, Vice Chairman, Director, Off Incorporator:  Printed Name: Kalujeen autleur ide:	Ercer, or, if Directors or Officers have not been selected, an Director		
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(s).]		
Signature: Kataleen Saint Leger	<u> </u>		
Printed Name: Kathleen Saintleg	Pr Title: Myr		
Signature: Bushill	<u> </u>		
Printed Name: Bryona Saint Urbain	Title: MQY		
Signature:			
Printed Name:	·		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
If Plorida General Partnership or Limited Liability Partnership: Signature of one General Partner.			
If Plorida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:		
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	·		
All others: Signature of an authorized person.			
Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)		

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

The name of the corporation shall be: Crowing &	linds forms Inc
ARTICLE II PRINCIPAL OFFICE	,
Principal street address:  8111 Happy Trl	Mailing address, if different is:
Kissimmee, F1 34747	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is: 10	re and how to cultivate the
•	re that to think to the
land around them.	
	<u> </u>
ARTICLE IV MANNER OF ELECTION The manner  NOTICE V INITIAL OFFICERS AND/OR DIRECTO	<u>PRS</u>
Name and Title: Kathleen Jaint Leger	Name and Title: Dry Gra Stint Utbain
N 1 1	Address: Director
8111 Happy Trails Kissimmee, Fl 34747	Kissimmer, Fl 34747
Name and Title: James T. Worre	Name and Title:
Address Director 8819 Tottenham Way 1000111111111111111111111111111111111	Address:
Name and Title:	Name and Title:
Address	Address:

Name and Title:	Name and Title:
Address	Addrcss:
-	
Name and Title:	Name and Title:
Address .	Address:
•	
	·
	REGISTERED AGENT  lorida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	Kathleen Saint Leger
Address:	8111 Hapay Trl
	Kissimmee, fl 34747
ARTICLE VII The name and a	INCORPORATOR  ddress of the Incorporator is:
Name:	Kathleen Saint Leger
Address:	8111 Happy Tri
	Kissimmee, fl 34747
Effective date, if	other than the date of filing: 10/14/2014 (OPTIONAL)  late is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)
	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tive date on the Department of State's records.
certificate, I am	med as registered agent to accept service of process for the above stated corporation at the place designated in this amiliar with and accept the appointment as registered agent and agree to act in this capacity
- Kai	Réquired Signature of Registered Agent 10/14/24  Date
the Descriptions	unent and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to If State constitutes a third-degree felony as provided for in s.817.155, F.S.
Kavil	Required Signature of Incorporator    Vale   Vale