

N1240000013069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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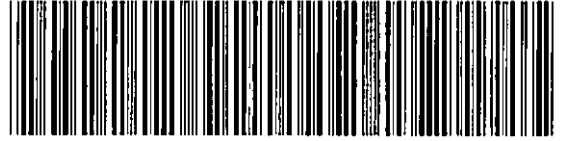
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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QUAD13 FOUNDATION CORP

Please Debit FCA000000003 For: 105

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

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Art of Inc. File
LTD Partnership File
Foreign Corp. File
L.C. File
Fictitious Name File
Trade/Service Mark
Merger File
Art. of Amend. File
RA Resignation
Dissolution / Withdrawal
Annual Report / Reinstatement
Cert. Copy
Photo Copy
Certificate of Good Standing
Certificate of Status
Certificate of Fictitious Name
Corp Record Search
Officer Search
Fictitious Search
Fictitious Owner Search
Vehicle Search
Driving Record
UCC 1 or 3 File
UCC 11 Search
UCC 11 Retrieval
Courier

STATE
TALLAHASSEE, FL

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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. 607.115, Florida Statutes.
~~Non-Profit~~

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

QUAD13 FOUNDATION 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 **04/24/2024**
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:

QUAD13 FOUNDATION, CORP.

Enter Name of Florida ~~Profit~~ Corporation
~~Non-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.

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TALLAHASSEE, FLORIDA
STATE

Signed this 23 day of SEPTEMBER, 2024

^{Not Profit}
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: JORDAN ALMENDRAL Title: PRESIDENT

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

Signature: [Signature]
Printed Name: MARIA LOURDES ALLEGUE Title: MGR

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:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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TALLAHASSEE, FL
CLERK OF STATE

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

ARTICLE I NAME

The name of the corporation shall be: QUAD13 FOUNDATION, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:

490 SW 123RD AVENUE

MIAMI, FL 33184

Mailing address, if different is:

490 SW 123RD AVENUE

MIAMI, FL 33184

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The organization's mission is to help fund quadriplegic's, who meet the requirements, physical therapy expenses with a grant

These grants will be given to individuals who cannot afford the cost of therapy, they have exhausted their insurance's physical

therapy visits and government grants. As a charitable organization we will be helping individual quadriplegics regain as much

independence as possible as well as live a healthy life.

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MIAMI, FL

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

AS STATED IN THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JORDAN ALMENDRAL (PRESIDENT) Name and Title: _____

Address: 490 SW 123RD AVENUE Address: _____

MIAMI, FL 33184

Name and Title: AMANDA MARIE COMAS (VP) Name and Title: _____

Address: 490 SW 123RD AVENUE Address: _____

MIAMI, FL 33184

Name and Title: CHRIS PINA (SECRETARY) Name and Title: _____

Address: 490 SW 123RD AVENUE Address: _____

MIAMI, FL 33184

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: CMS INTERNATIONAL ENTERPRISES, INC.

Address: 550 BILTMORE WAY, SUITE 200

CORAL GABLES, FL 33134

DEPARTMENT OF STATE
TALLAHASSEE, FL

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JORDAN ALMENDRAL

Address: 490 SW 123RD AVENUE

MIAMI, FL 33184

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

[Signature]

Required Signature of Registered Agent

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.

[Signature]

Required Signature of Incorporator

Date