

N240000 13214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

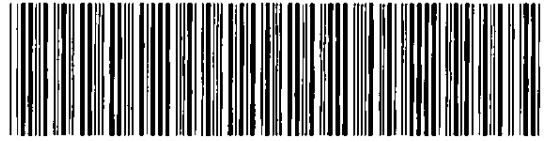
(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: The Meraki Corporation
(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
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Jennette F. Knoblauch
Name (Printed or typed)

227 S. Twin Maple Road
Address

St. Augustine FL 32084
City, State & Zip

904-605-0783
Daytime Telephone number

teamknoblauch@gmail.com
E-mail address: (to be used for future annual report notification)

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

LLC into
Non profit

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.
Non Profit *67*

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

Ancient City Candle Co. LLC
Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

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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 11/24
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 ^{*Non Profit*} Profit Corporation as set forth in the attached Articles of Incorporation:

The Meraki Corporation
Enter Name of Florida Profit Corporation
Non Profit

5. If not effective on the date of filing, enter the effective date: 11-1-24
(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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Signed this 1st day of November 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:

Printed Name: Sharon K. Knoblauch Title: Incorporator

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

Signature: _____

Printed Name: Sharon K. Knoblauch 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.

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

ARTICLE I NAME

The name of the corporation shall be: The Heraki Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

227 S. Twin Maple Road

St. Augustine, FL 32084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide for the education of, and performance opportunities, for individuals aged one to ninety-nine, within the realm of fine and performing arts, as well as social-emotional learning, for educational and charitable purposes under section 501(c)(3) of the IRS code, or corresponding section of any future federal tax code.

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

have a vision aligned with the purpose of The Heraki Corporation are appointed by the President.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jennette Knoblauch Name and Title: _____

Address: President Address: _____

227 S. Twin Maple Road

St. Augustine, FL 32084

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: Jennette Krablauch
 Address: 227 S. Twin Maple Road
St. Augustine, FL 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jennette Krablauch
 Address: 227 S. Twin Maple Rd
St. Augustine, FL 32084

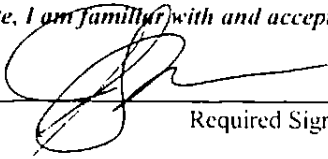
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: November 1, 2024 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

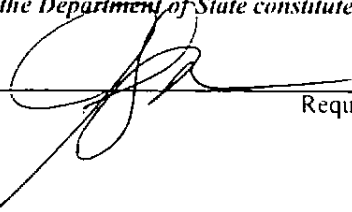
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10/20/24
 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.


 Required Signature of Incorporator

10/20/24
 Date