

RECEIVED
2024 NOV 18 PM 1:57
SECOND DISTRICT CLERK
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: THE CHURCH OF ALL ONE INC
Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

ADRIANNA SIMMONS
Contact Person

THE CHURCH OF ALL ONE LLC
Firm/Company

7901 4th Street N Suite 300
Address

ST Petersburg, FL 33702
City, State and Zip Code

CONTACT.FENIX MOON@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADRIANNA SIMMONS at (850) 350-6084
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$105.00 Filing Fees ☐ \$113.75 Filing Fees ☐ \$113.75 Filing Fees ☒ \$122.50 Filing Fees,
and Certificate of Status and Certified Copy Certified Copy, and
Certificate of Status

Mailing Address:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 NOV 19 AM 9:47
TALLAHASSEE, FL
STATE

FILED

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

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

THE CHURCH OF ALL ONE 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 SEPTEMBER 12TH 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:

THE CHURCH OF ALL ONE INC

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

5. If not effective on the date of filing, enter the effective date: JAN 1ST 2025

(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.

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

2024 NOV 19 AM 9:47

FILED

Signed this 18TH 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 incorporation: [Signature]

Printed Name: ADRIANNA SIMMONS Title: EXECUTED

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

Signature: _____

Printed Name: ADRIANNA SIMMONS Title: CEO/CHAIRMAN/TREASURER

Signature: [Signature]

Printed Name: Amber Magny Title: VICE-CHAIRMAN/SECRETARY

Signature: [Signature]

Printed Name: Angelica Simmons Title: DIRECTOR

Signature: Angelica Simmons

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:	\$3.75 (Optional)

FILED
2024 NOV 19 AM 9:47
CLERK OF CIRCUIT COURT
JULIA ASSESS, FL

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

ARTICLE I NAME

The name of the corporation shall be: THE CHURCH OF ALL ONE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

7901 4TH STREET N SUITE 300

ST. PETERSBURG, FL 33702

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A CHURCH TO CREATE A NURTURING AND
INCLUSIVE ENVIRONMENT THAT EMBODIES OUR CORE TENANTS. WE ARE
DEDICATED TO: - CELEBRATING THE HEALING POWER OF CREATIVITY AND
THE INTERCONNECTEDNESS OF ALL BEINGS, - UPHOLDING ETHICAL FREEDOMS THAT PROTECT THE
VULNERABLE AND CENTER MARGINALIZED COMMUNITIES, - FOSTERING OPEN DIALOGUE AND CONTINUOUS
LEARNING, ENCOURAGING ADAPTABILITY AND GROWTH, - EMBRACING INNOVATION AND COLLABORATION ACROSS
ART, SCIENCE, MYSTICISM, AND PHILOSOPHY, - TO INSPIRE POSITIVE CHANGE FOR INDIVIDUALS AS A WHOLE

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: BY CONGREGATION
AND BOARD

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

CEO/CHAIRMAN/TREASURER/D

Name and Title: ADRIANNA SIMMONS Name and Title: _____

Address: 2845 MISSION RD Address: _____

TALLAHASSEE, FL

32304

Name and Title: SECRETARY/D
AMBER MAGNUS VICE-CHAIRMAN Name and Title: _____

Address: 2471 WREN HOLLOW DR Address: _____

UNIT 2 TALLAHASSEE, FL

32303

Name and Title: Angelica Simmons DIRECTOR Name and Title: _____

Address: 1415 EUSENADA DR Address: _____

ORLANDO, FL

32825

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: ADRIANNA SIMMONS

Address: 7901 4TH ST N SUITE 300
ST PETERSBURG, FL 33702

STATE
TALLAHASSEE, FL

2024 NOV 19 AM 9:47

FILED

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ADRIANNA SIMMONS

Address: 2845 MISSION ROAD
TALLAHASSEE, FL 32304

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JAN 1ST 2025 (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

11/18/24
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

11/18/24
Date