

N24000013410

FL
11-20-24

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

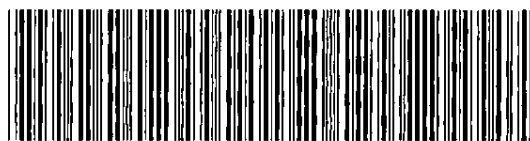
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COVER LETTER

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

SUBJECT: KDCT The Sunshine Sliders, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
Corp. Not a Corp

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: KATRINA THOMAS KDCT The
Name (Printed or typed) Sunshine Sliders
7048 S.E. Hwy 90A
Address
Belleview, FL 34420
City, State & Zip
352-512-5130
Daytime Telephone number
Kctprety@yahoo.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 617

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

KDC T The Sunshine Sliders 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.)

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 2-15-2015
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:

Florida

4. The name of the Florida ~~Profit~~ Corporation as set forth in the attached Articles of Incorporation:

KDC T The Sunshine Sliders 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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STATE

Signed this 21st day of Oct., 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: Katrina Thomas
Printed Name: KATRINA THOMAS Title: Director

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

Signature: Katrina Thomas
Printed Name: KATRINA THOMAS Title: Director

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.

<u>Fees:</u>	\$35.00
Certificate of Conversion:	\$70.00
Fees for Florida Articles of Incorporation:	\$8.75 (Optional)
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	

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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: KDC T The SunShine Sliders, corp

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

7048 S.E. Hwy Cty Rd 25-A
Belleview, FL
34420

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Entertainment Fun
and to Connect Communities together
through Dance all Socialization. Free

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

Group managed.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Director: Name and Title: _____

Address: Katrina Thomas Address: _____
7048 S.E. Hwy Cty Rd 25-A
Belleview, FL 34420

Name and Title: Director Name and Title: _____

Address: Daphneyl Colton Address: _____
2114 S.W. 7th St
Ocala, FL 34471

Name and Title: Director Name and Title: _____

Address: Kristy Robinson Address: _____
7048 S.E. Hwy Cty Rd 25-A
Belleview, FL 34420

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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:

Katrina Thomas

Address:

7048 S.E. Hwy 47 Rd 25A
Bellevue, FL 34420

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Katrina Thomas

Address:

7048 S.E. Hwy 47 Rd 25-A
Bellevue, FL 34420

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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

Katrina Thomas
Required Signature of Registered Agent

10/21/24
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.

Katrina Thomas
Required Signature of Incorporator

10/21/24
Date