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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

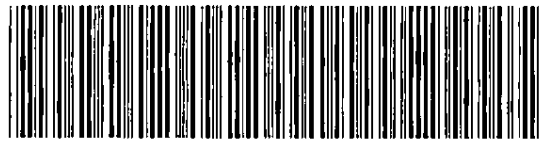
(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIGG Counseling & Consulting, LLC

Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company" into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:

Ebonye J. Dickens

Contact Person

BIGG Counseling & Consulting, Inc.

Firm/Company

1333 College Parkway, Unit 675

Address

Gulf Breeze, Florida 32563

City, State and Zip Code

admin@thebiggup.com

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

For further information concerning this matter, please call:

Ebonye J. Dickens

at (850) 966-3030

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee
and Certificate of
Status

☐ \$55.00 Filing Fee
and Certified Copy

☐ \$60.00 Filing Fee,
Certified Copy, and
Certificate of Status

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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:

BIGG Counseling & Consulting, 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 01/23/2022
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:

N/A

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

BIGG Counseling & Consulting, Inc.

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

5. If not effective on the date of filing, enter the effective date: 11/26/2024
(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 26 day of November, 2024.

Required Signature for Florida ^{Not Profit} Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: Ebony J. Dickens

Printed Name: Ebony J. Dickens Title: Managing Director

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

Signature: Ebony J. Dickens

Printed Name: Ebony J. Dickens, LMHC Title: Managing director/ CEO

Signature: Raina Haywood

Printed Name: Raina Haywood, MSW Title: Director

Signature: Mary Anne Wilcox

Printed Name: Mary Anne Wilcox, MSW Title: Director

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:	\$3.75 (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: BIGG Counseling & Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:

217 Miracle Strip Pkwy SE suite 121

Fort Walton Beach, FL, 32548

Mailing address, if different is:

1333 College Parkway, Unit 675

Gulf Breeze, Florida 32563

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide individuals with resources that will allow for the creation of healthy individuals and families, thus relieving the poor, distressed, and underprivileged.

Furthermore, it is this organizations desire to combat human trafficking, sexual exploitation, and community Deterioration. These services are to include, but not limited to counseling, case management, quality childcare, transitional housing, and food/clothing distribution. Services may be added or removed by vote of the membership body and with the permission of Chief Executive Officer.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: 3/4 vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ebonye J. Dickens, Managing Director

Address 1333 College Parkway, Unit 675

Gulf Breeze, FL 32563

Name and Title: Mary Anne Wilcox, Director

Address: 1333 College Parkway, Unit 675

Gulf Breeze, FL 32563

Name and Title: Raina Haywood, Director

Address 1333 College Parkway, Unit 675

Gulf Breeze, FL 32563

Name and Title: Megan Ellis, Director

Address: 1333 College Parkway, Unit 675

Gulf Breeze, FL 32563

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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STATE OF FLORIDA

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: Ebonye J. Dickens

Address: 1333 College Pkwy., Unit 675

Gulf Breeze, FL 32563

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Ebonye J. Dickens

Address: 1333 College Pkwy., Unit 675

Gulf Breeze, FL 32563

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

Ebonye J. Dickens

Required Signature of Registered Agent

11/26/2024

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.

Ebonye J. Dickens

Required Signature of Incorporator

11/26/2024

Date

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