

N2500000894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

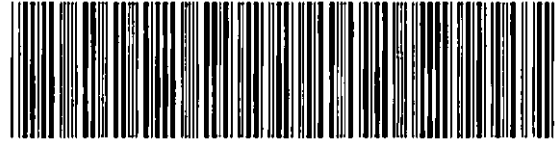
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01/28/25--01030--015 **26.25

2025 JAN 27 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314
850.245.6052

Attn: Rickey Richardson

SUBJECT: Unique Abilities School Fair 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: Cherenne Gonzalez
Name (Printed or typed)

PO Box 614
Address

Winter Park, FL 32790
City, State & Zip

407 234-6812
Daytime Telephone number

info@uaschoolfairs.org
E-mail address: (to be used for future annual report notification)

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

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LLC 11/17/20
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

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

Unique Abilities School Fair, 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 January 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:

Unique Abilities School Fair Corporation
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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Signed this _____ day of _____, 20_____.

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: Cherene Gonzalez Title: Chairman

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

Signature: _____

Printed Name: Cherene Gonzalez Title: Chairman

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: Unique Abilities School Fair Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address:

7132 Brek Street
Windermere, FL 34786

Mailing address, if different is:

PO Box 614
Winter Park, FL 32790

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide a platform
where public, private and charter schools
serving students with special needs can
showcase their unique programs, teaching
approaches, and support services to parents
seeking specialized educational opportunities
for their children.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: directors
are elected at an annual meeting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

President, Chairman
Name and Title: Cherene Gonzalez
Address: PO Box 614
Winter Park, FL 32790

Secretary, VP
Name and Title: Samantha Mathus
Address: 3739 Evershield Street
Clermont, FL 34711

Director
Name and Title: Merrick Marshall
Address: 8047 S South Shore Dr
Chicago, IL 60617

Director
Name and Title: Julie Broughten
Address: 2901 Clever Lane
Winter Park, FL 32792

Director
Name and Title: Beth Dawdy
Address: 103 Wilkew Tree Lane
Longwood, FL 32750

Name and Title: _____
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: Cherenne Gonzalez

Address: 7132 Brook Street

Winterme, FL 34786

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cherenne Gonzalez

Address: 7132 Brook Street

Winterme, FL 34786

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

1/19/25
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

1/19/25
Date

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TALLAHASSEE, FL