

N25000004672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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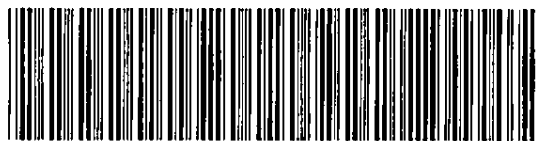
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/16/25--01010--001 **105.00

FILED
2025 APR 16 PM 11:07
CLERK OF SUPERIOR COURT
STATE OF FLORIDA

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. ~~607.111~~^{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:

Treasure Coast Spartan Athletic Association
Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Liability
(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 2/26/25
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~~^{Non-Profit} Corporation as set forth in the attached Articles of Incorporation:

Treasure Coast Spartan Athletic Association Inc
Enter Name of Florida ~~Profit~~^{Non-Profit} Corporation

5. If not effective on the date of filing, enter the effective date: 3/25/25
(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.

Signed this 25 day of March, 2025

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: Willie Titus Title: President

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

Signature: [Signature]

Printed Name: Willie Titus Title: President

Signature: [Signature]

Printed Name: Wayne Stapleton Title: Vice President

Signature: [Signature]

Printed Name: Lauren Titus Title: Treasurer

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)

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

ARTICLE I NAME

The name of the corporation shall be: Treasure Coast Spartan Athletic Association Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2134 SW Quarry St
Port St Lucie, FL, 34953

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Youth Sports Organization

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Majority
Vote from the board of directors

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Willie Titus (MGR)

Address: 2134 SW Quarry St
Port St Lucie, FL, 34953

Name and Title: Wayne Stapleton (AMBR)

Address: 532 SW Whitmore Dr
Port St Lucie, FL, 34984

Name and Title: Lauren Titus (AMBR)

Address: 2134 SW Quarry St
Port St Lucie, FL, 34953

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Willie Titus

Address: 2134 SW Quarry St

Port St Lucie, FL, 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Willie Titus

Address: 2134 SW Quarry St

Port St Lucie, FL, 34953

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

Willie Titus
Required Signature of Registered Agent

3/25/25
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.

Willie Titus
Required Signature of Incorporator

3/25/25
Date

FILED
2025 APR 16 PM 11:07
DEPT. OF STATE
TALLAHASSEE, FL