P07000127561

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
WITHORIZA ON BY PHONE TO
MIE 6/30/09 *** EXAM GLT
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COVER LETTER

TO: Registration Division of	Section Corporations			
\	use harrel	He Insurar	re Agency	
Some I.	(Name of Flori	da Profit Corporation)		
		ed fee(s) are submitted s Entity" in accordance	to convert a Florida with s. 607.1113, F.S.	
Please return all cor	respondence concerni	ng this matter to:		
Denise	trarre He	·		
	(Contact Person)			
	(Firm/Company)			
Palual6	x 1600			
	(Address)			
Palue Ho	172 342	90		
	(City, State and Zip Code)			
For further information concerning this matter, please call:				
Denise E	rame He	_at (941)	567-5414	
(Name of Co	ontact Person)		aytime Telephone Number)	
Enclosed is a check	for the following amo	unt:		
\$35.00 Filing Fee	\$43.75 Filing Fee and Certificate of Status	\$43.75 Filing Fee and Certified Copy	\$52.50 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS:		MAILING ADDRESS:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building 2661 Executive Center Circle		P. O. Box 6327 Tallahassee, FL 32314		
Tallahassee, FL 32		i ananassee,	, L.	



April 29, 2009

DENISE A. GARRETTE PO BOX 1600 PALMETTO, FL 34220

SUBJECT: DENISE GARRETTE INSURANCE AGENCY INC.

Ref. Number: W0900020179

We have received your document for DENISE GARRETTE INSURANCE AGENCY INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

We are enclosing the proper form(s) with instructions for your convenience.

The attached form must be completed in order to file the document.

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 609A00014471

Certificate of Conversion For Florida Profit Corporation

Into
"Other Business Entity"

Profit 113, Florida

This Certificate of Conversion is submitted to convert the following Florida Profit Corporation into an "Other Business Entity" in accordance with s. 607.1113, Florida Statutes.

on the state of th				
1. The name of the Florida Profit Corporation converting into the "Other Business Entity" is:				
Denise Garrette Insurance Agency Inc P07-127501				
(Enter Name of Florida Profit Corporation)				
2. The name of the "Other Business Entity" is: Effective Date 4/27/07				
Denise Garrette Insurance Agency				
(Enter Name of "Other Business Entity")				
3. The "Other Business Entity" is a Sole Proprietorship (Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)				
organized, formed or incorporated under the laws of Florida. (Enter state, or if a non-U.S. entity, the name of the country)				
4. The above referenced Florida Profit Corporation has converted into an "Other Business Entity" in compliance with Chapter 607, F.S., and the conversion complies with the applicable laws governing the "Other Business Entity."				
5. The plan of conversion was approved by the converting Florida Profit Corporation in accordance with Chapter 607, F.S.				
6. If applicable, the written consent of each shareholder who, as a result of the conversion, is now a general partner of the surviving entity was obtained pursuant to s. 607.1112(6), F.S.				
7. This conversion was effective under the laws governing the "Other Business Entity" on: 47, 2009				

8. This conversion shall be effective in Florida on: ADM 27 2007 (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as effective date of the conversion under the laws governing the "Other Business Entity.")				
9. The "Other Business Entity's" principal office address, if any: P.O. Box 1600 Palue Ho 34220				
10. If the "Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Other Business Entity":				
a.) Appoints the Florida Secretary of State as its agent for service of process in a proceeding to enforce obligations of the converting Florida profit corporation, including any appraisal rights of shareholders of the converting Florida profit corporation under ss. 607.1301-607.1333, Florida Statutes. b.) Lists the following street and mailing address of an office, which the Florida Department of State may use for purposes of s. 607.1114(4), Florida Statutes. Street Address:				
Street Address: 105/15/702 E FF 320 Bradenton 172 34208				
Mailing Address: P.O. Box LUCO Palue to FL 34220				
11. The "Other Business Emity" has agreed to pay any shareholders having appraisal rights the amount to which they are entitled under ss.607-1301-607.1333, F.S.				
Signed this 30 day of 100 2009				
Signature: Wouse Garrette				
(Must be signed by a Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator.)				
Printed Name: Denise navethite: Dwner fgent				
rees: rung ree: 135.00				
Certified Copy: \$8.75 (Optional) Certificate of Status: \$8.75 (Optional)				

Page 2 of 2