

PO8000029341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

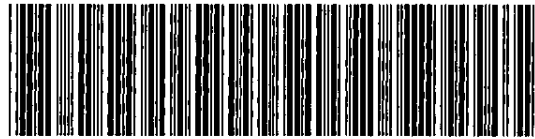
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAR 20 2008



guidant financial group™

March 18, 2008

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Articles of Incorporation for **Strong Family Fund, Inc.**

To Whom It May Concern:

I am with the incorporator for **Strong Family Fund, Inc.** Please find enclosed:

1. Cover Letter to the Registration Section of Division of Corporations.
2. The original, plus ONE (1) copy of the Certificate of Conversion for **Strong Family Fund, LLC.**
3. The original, plus ONE (1) copy of the Articles of Incorporation for **Strong Family Fund, Inc.**
4. ONE (1) Check made out to the Division of Corporations for \$113.75 for conversion, incorporation and copy fees.

**Please file the Articles and return the conformed copy to me at the address indicated.**

Thank you for your help regarding this matter. If you have any questions, please do not hesitate to call.

Thank you,

Entity Department  
Guidant Financial Group, Inc.  
T. 888.472.4455  
F. 888.418.0374  
[entities@guidantfinancial.com](mailto:entities@guidantfinancial.com)  
[www.guidantfinancial.com](http://www.guidantfinancial.com)

Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Strong Family Fund, Inc.

(Name of Resulting Florida Profit Corporation)

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

David Crabtree

(Contact Person)

Guidant Financial Group

(Firm/Company)

13122 N.E. 20th St. Ste. 100

(Address)

Bellevue, WA 98005

(City, State and Zip Code)

For further information concerning this matter, please call:

David Crabtree

(Name of Contact Person)

at ( 888 ) 472-4455 x 3255

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees

☐ \$113.75 Filing Fees  
and Certificate of  
Status

☒ \$113.75 Filing Fees  
and Certified Copy

☐ \$122.50 Filing Fees,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

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.

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

**Strong Family Fund, LLC. L07-12480**

(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, sole proprietorship, 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 **February 2, 2007**

(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:**

**Strong Family Fund, Inc.**

(Enter Name of Florida Profit Corporation)

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_.  
(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 the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 5 day of March, 20 08

Signature: \_\_\_\_\_

(Must be signed by a Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator.)

Printed Name: Dwight Maxwell Title: Chairman

**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 607 and/or Chapter 621, F.S. (Profit)

### **ARTICLE I NAME**

The name of the corporation shall be:

**Strong Family Fund, Inc.**

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

**9856 ASHBURN LAKE DRIVE  
TAMPA, FL 33610**

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY LAWFUL PURPOSE INCLUDING BUT NOT LIMITED TO FINANCIAL  
SERVICES**

### **ARTICLE IV SHARES**

The number of shares of stock is:

**1,000,000**

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

**DWIGHT MAXWELL, PRESIDENT  
9856 ASHBURN LAKE DRIVE  
TAMPA, FL 33610**

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**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

DWIGHT MAXWELL  
9856 ASHBURN LAKE DRIVE  
TAMPA, FL 33610

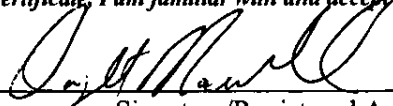
**ARTICLE VII INCORPORATOR**

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

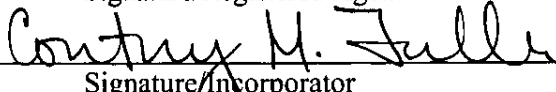
COURTNEY FULLER  
13122 NE 20TH STREET, SUITE 100  
BELLEVUE, WA 98005

\*\*\*\*\*

*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/Registered Agent

3/10/08  
Date

  
\_\_\_\_\_  
Signature/Incorporator

3/17/08  
Date

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