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(City/Chata/7in/Dhana 49
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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DIVISION OF CORPORATION OF CORPORATI

G. MCLEOD

MAY - 8 2008

EXAMINER

## **COVER LETTER**

Division of Corporations
SUBJECT: Tales Two Tell (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:
Robin Schulte (Contact Person)
Robin Schulte (Contact Person)  Tales Two Tell (Firm/Company)
3531 Wading Heron Terrace (Address)
Oviedo, FL 327(do (City, State and Zip Code)
For further information concerning this matter, please call:
Amber Hayley at (904) 377-8112 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$105.00 Filing Fees and Certificate of Status  \$113.75 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: MAILING ADDRESS:
Registration Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Registration Section  Division of Corporations  P. O. Box 6327  Tallahassee, FL 32314

Tallahassee, FL 32301

FILED SECRETARY OF STATE DIVISION OF CORPORATION

Certificate of Conversion For

08 MAY -7 AM II: 28

"Other Business Entity"
Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

I. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:				
Tales Two Tell				
(Enter Name of Other Business Entity)				
2. The "Other Business Entity" is a <u>General partnership</u> (Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)				
(Enter state, or if a non-U.S. entity, the name of the country)				
(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 aws of which it is now organized, formed or incorporated:				
not applicable.				
1. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of</u> Incorporation:				
Tales Two Tell INC				
(Enter Name of Florida Profit Corporation)				

Page 1 of 2

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
Signature: Muthon Much  (Must be signed by a Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator.)
Printed Name: Astomn Garick Title: President

## 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)

Page 2 of 2

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u>NAME</u> 'ARTICLE I

The name of the corporation shall be: Takes Two Tell, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3531 Wading Heron Terrace Oviedo, FL 32766

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Taks Two Tell is knused on bringing the art of story telling alive and to help broader its use in educational settings.

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Probin Schulte, Co-President/Treasurer

3531 Wading Heren Terrace

Oviedo, FL

33766

Artumn Garick (o-President / Secretory)

330 Bentley Street

Oviedo, FL 32765

ARTICLE VI REGISTERED AGENT

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

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

Amber Harvey 264 San Micolos Way St. Augustine, FC 32080

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  Policy  Signature/Incorporator  Signature/Incorporator  Signature/Incorporator	The name and address of the	PORATOR Incorporator is: Robin 3531, Wa Oviedo,	Schulte ading Heron Terrace FL 32766	
	designated in this certificate, I am for capacity  Signature/Registere	amiliar with and accept the appointment of the appo	ent as registered agent and agree to act in this $ \frac{4/30/08}{Date} $ $ \frac{4/30/08}{08} $	-1

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