# P0800083870

(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:	
	}



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OR SEP 11 PM 4: 45

SECTION OF STATE

JALLAHASSEE, FLORIDA

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

# SUBJECT: INCORPORATION SOLUTIONS 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 6. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Meryl LEVY					
(Contact Person)					
INCORPORATION SOLUTIONS INC.					
	(Firm/Company)				
4400 PGA Blvd., Suite 900					
	(Address)				
Palm Beach Gardens,	FL 33410				
(City, State and Zip Code)					
For further information concerning this matter, please call:					
Meryl LEVY		_ \	-1516		
(Name of Co	ontact Person)	(Area Code and Da	ytime 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:**

#### **MAILING ADDRESS:**

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

#### Certificate of Conversion For

# "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.

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

INCORPORATION SOLUTIONS LIMITED LIABILITY CO
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>limited liability company</u>
(Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)
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_November 9, 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 <u>attached Articles of Incorporation:</u>
INCORPORATION SOLUTIONS 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	8th	lay of September		, 20_08		
Required Signature for Florida Profit Corporation:						
Signature of been select Printed Nat	of Chairman ed, an Incor me: Meryl LE	Vice Chairman, Direct porator: \( \square\)	ton Of	ficer, or, if Directors or Officers have not		
	Signature(s)			Entity: [See below for required		
Signature: Printed Nar	ne: Meryl LE	Y		Title: Manager		
Signature: Printed Nar	ne:			Title:		
Signature: Printed Nar	ne:			Title:		
Signature: Printed Nan	ne:			Title:		
Signature: Printed Nar	 ne:			Title:		
Signature: Printed Nar	ne:			Title:		
	General Par f one Genera	tnership or Limited Lis l Partner.	<u>ability</u>	Partnership:		
	<b>Limited Par</b> of <b>ALL</b> Gene	tnership or Limited Lia eral Partners.	<u>ability</u>	<u>Limited Partnership:</u>		
		pility Company: or Authorized Represent	tative.			
All others: Signature o	f an authoriz	ed person.				
Fee Cer	tificate of C es for Florida tified Copy: tificate of Si	Articles of Incorporati	ion:	\$35.00 \$70.00 \$8.75 (Optional) \$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:

INCORPORATION SOLUTIONS INC.



#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4400 PGA Blvd., Suite 900 Palm Beach Gardens, FL 33410

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful purpose.

#### ARTICLE IV SHARES

The number of shares of stock is: 10,000 Shares at \$.01 par value.

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

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

Meryl LEVY - President 4400 PGA Blvd., Suite 900 Palm Beach Gardens, FL 33410

#### ARTICLE VI REGISTERED AGENT

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

Meryl LEVY 4400 PGA Blvd., Suite 900 Palm Beach Gardens, FL 33410

## 

Signature/Incorporator

09/08/2008

Date