# P09000058320

•						
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies <u>van - Certificates of Status (1997) - F</u>						
Special Instructions to Filing Officer:						
Office Lice Only						



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SECRETARY OF STATE TALLAHASSEE, FI ORIGINATION

J. BRYAN

JUL - 9 2009

**EXAMINER** 

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Realized Intentions, In	
Name of Resulti	ing Florida Profit Corporation
	articles of Incorporation, and fees are submitted to "Florida Profit Corporation" in accordance with s.
Please return all correspondence concerning	ng this matter to:
Kristine Schoonmaker	•
Contact Person	
	85.
Realized Intentions, Inc	:
Firm/Company	HAA Z
	09 JUN 29 AM 10: 3. SECRETARY OF STAT ALLAHASSEE, FLORI
14664 Fern Hammock Dr	ive ma 를
Address	Es 5
	SEA 3
Jacksonville, FL 32258	
City, State and Zip Code	
kristine@realizedintentions	
E-mail address: (to be used for future annual	report notification)
For further information concerning this ma	atter, please call:
Kristine Schoonmaker	at ( 904 ) 880-7976
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amor	unt:
\$105.00 Filing Fees and Certificate of Status	\$113.75 Filing Fees \$122.50 Filing Fees, and Certified Copy 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

## 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:
Realized Intentions, LLC #L0900060024
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 June 22, 2009
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:
N/A
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of</u> <u>Incorporation:</u>
Realized Intentions, Inc.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: June 23, 2009  (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 _	23rd	_day of	June	, 20_09	
Required Signature	<u>gnature</u>	for Florida Profit Cor	poration	<u>:</u>	
Signature of been selected Printed Name	Chairma I, an Ince e: <u>Kri</u>	n, Vice Chairman, Dire orporator: <u>President</u> stine Schoonmaker	ector, Offi	cer, or, if Directors or Office	cers have not
	nature(	s) on behalf of Other B	usiness Ei	ıtity: [See below for require	ed
signature(s).] Signature:	Ku	istine School	ma k	//	
Printed Name	: Kristin	ie Schoonmaker	T	itle: President	
Printed Name	*		ТТ	itle:	
				itle:	
Printed Name	:		Т	itle:	<del></del>
Signature:	<u> </u>			itle:	
Printed Name	:		1	itle:	
Signature: Printed Name	:		T	itle:	
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Printed Name	•		т	itle:	
If Florida Ge Signature of c		a <u>rtnership or Limited L</u> eral Partner.	iability P	artnership:	1985 1985
If Florida Li	mited Pa	artnership or Limited L eneral Partners.	iability L	imited Partnership:	FILE JUN 29 ECRETASS
		iability Company: or or Authorized Represer	ntative.		ED AND: 37
All others: Signature of a	n author	rized person.			RES.
Fees f		•	tion: \$7 \$	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:

Realized Intentions, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

14664 Fern Hammock Drive Jacksonville, FL 32258

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide professional coaching services to individuals and business for the purposes of their personal development and advancement toward their goals.

#### ARTICLE IV SHARES

The number of shares of stock is:

100

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

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

Kristine Schoonmaker, President & Personal Coach 14664 Fern Hammock Drive Jacksonville, FL 32258

#### ARTICLE VI REGISTERED AGENT

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

Kristine Schoonmaker 14664 Fern Hammock Drive Jacksonville, FL 32258

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kristine Schoonmaker

14664 Fern Hammock Drive

Jacksonville, FL 32258

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

Kratine Schonmake	6/23/09
Signature/Registered Agent	Date
Totaline Schoonsah	6/23/09
Signature/Incorporator	Date