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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phone | e#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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2011 JUN 10 AM 9: 56
*SECRETARY OF STATES
TALLAHASSEE, FLORION

J. SAULSBERRY EXAMINER

JUN 1 4 2011

COVER LETTER

| TO: Registration Division of C | | | | | | |
|--------------------------------|---|--|--|------------|-------------|-----|
| SUBJECT: FREE | DOM TAX FAMILY, | | | _ | | |
| | Name of F | Resulting Florida Profit Cor | poration | | | |
| | | | , and fees are submitte cordance with s. 607.1 | | | l |
| Please return all corr | respondence concernin | g this matter to: | | | | |
| JEAN M JOSEPH | | | | | | |
| | Contact Person | | | | | |
| FREEDOM TAX | | | | | | |
| | Firm/Company | | | | | |
| PO BOX 100905 | | | | * . | | |
| | Address | | | ₽SE | 201 | |
| FORT LAUDERD | | | | CRET | 01 NNF 1102 | |
| (| City, State and Zip Code | | | ARY SSE | 10 | |
| TAKEINITIATIVE | E@ATT.NET be used for future annual r | | | OF S | 2 | |
| E-man address: (to | be used for future annual f | eport notification) | | RET E | 9 | Z., |
| For further informat | ion concerning this ma | tter, please call: | | ≽: Di | 56 | |
| JEAN M JOSEPH | | at (954) 591 | -0551 | | | |
| Name of Cor | ntact Person | | me Telephone Number | _ | | |
| Enclosed is a check | for the following amou | int: | | | | |
| ☑ \$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 | | | v |
| STREET ADDRES | <u>ss:</u> | MAILING A | ADDRESS: | | | |
| Registration Section | | Registration | Section | | | |
| Division of Corporat | tions | Division of C | • | | | |
| Clifton Building | | P. O. Box 63 | 21 | | | |

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

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: IMPERIAL INITIATIVE, LLC Enter Name of Other Business Entity | 8 |
|--|---|
| IMPERIAL INITIATIVE, LLC | Û |
| Enter Name of Other Business Entity | ı |
| 2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.) | |
| first organized, formed or incorporated under the laws of FLORIDA | i |
| on 11/28/2007 SER 5 | |
| Enter date "Other Business Entity" was first organized, formed or incorporated | 7 |
| 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country und the laws of which it is now organized, formed or incorporated: | E E |
| 4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: | |
| FREEDOM TAX FAMILY, 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 that attached Articles of Incorporation, if an effective date is listed therein.) | ıe |
| 6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion. | |
| 7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is | S |

currently organized, formed or incorporated.

| Signed th | nis 1day of MAY | | |
|-------------------------------------|--|--|--|
| Individua | d Signature for Florida Profit Corporate al signing affirms that the facts stated in the gree felony as provided for in s.817.155, | is document are true. Any false inform | nation constitutes |
| Signature selected, Printed N | e of Chairman, Vice Chairman, Director, (an Incorporator: | Officer, or, if Directors or Officers have | e not been |
| Required stated in s.817.155 | I Signature(s) on behalf of Other Business this document are true. Any false informa 5, F.S. [See below for required signature(s). | s Entity: Individual(s) signing affirm(s tion constitutes a third degree felony as | s) that the facts s provided for in |
| Signature Printed N | ame: JEAN M JOSEPH | Title: OWNER | - - |
| | :: lame: | | |
| Signature Printed N | ame: | Title: | - - |
| Signature Printed N | ame: | Title: | - - |
| Printed N | :: /ame: | Title: | 2011 JUN 10 SECRETARY |
| Signature Printed N | :ame: | _ Title: | UN 10 A |
| | a General Partnership or Limited Liability of one General Partner. | ty Partnership: | AM 9: 56 |
| | a Limited Partnership or Limited Liabilit s of <u>ALL</u> General Partners. | ty Limited Partnership: | |
| | a Limited Liability Company: of a Member or Authorized Representative | | |
| All other Signature | s: of an authorized person. | | |
| Fo C | ertificate of Conversion: ees for Florida Articles of Incorporation: ertified Copy: ertificate of Status: | \$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)

| The name of the co | rporation shall be: FREEDO | OM TAX FAM | ILY. INC. |
|--|---|---|--|
| <u>21489 NV</u> | PRINCIPAL OFFICE Principal street address | | ddress, if different is: |
| | PURPOSE hich the corporation is organized is: | I DIID | DOSE |
| ARTICLE IV | | LFUI | FUSL |
| Name and Tin Address: | tle: JEAN M JOSEPH () 4081 NW 34 STREET LAUDERDALE LAKES, FL 33319 | ECTORS Name and Title: Address: | |
| Name and Tit Address: | tle: | Address: | ZO THE SECURE |
| Name and Tit Address: | tle: | Name and Title: Address: | For S |
| | REGISTERED AGENT rida street address (P.O. Box NOT accep JEAN M JOSEPH 4081 NW 34 STREET | table) of the registered agent is: | NOTE OF |
| The <u>name and add</u> | INCORPORATOR ress of the Incorporator is: JEAN M JOSEPH 4081 NW 34 STREET | | |
| Having been name this certificate, I an | ad as registered agent to accept service of a familiar with and accept the appointment | nt as registered agent and agree to a | ration at the place designated in ct in this capacity |
| | red Signature/Registered Agent ment and affirm that the facts stated her | | |
| | epartment of State constitutes a third degrated Signalure/Incorporator | ee felony as provided for in s.817.15 | 5, F.S. |
| Nequire | ed Signature/incorporator | Date | |