

P12000 102391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

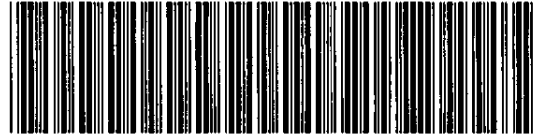
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Conversion  
Application for P.A.  
not enclosed*

Office Use Only

6100  
6101



200240794672

10/19/12--01005--001 \*\*105.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 DEC 17 AM 8:20

FILED

J. SAULSBERRY  
EXAMINER

DEC 18 2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JACQUET & ASSOCIATES, P.A.  
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:

ALSON JACQUET

Contact Person

JACQUET & ASSOCIATES, P.A.

Firm/Company

P.O. BOX 8084

Address

DELRAY BEACH, FLORIDA 33482

City, State and Zip Code

AL.JACQUET@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AL JACQUET

Name of Contact Person

at ( 561 ) 414-5677

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 DEC 17 AM 8:20

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**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:

JACQUET & ASSOCIATES, LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC/ WITH A DOCUMENT NO. L12000010930  
(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

(Enter state, or if a non-U.S. entity, the name of the country)

on JANUARY 24, 2012

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**:

JACQUET & ASSOCIATES, P.A.

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.)

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 currently organized, formed or incorporated.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Signed this 17TH day of OCTOBER, 20 12.

**Required Signature for Florida Profit Corporation:**

Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Alson Jacquet

Printed Name: ALSON JACQUET Title: PRESIDENT

**Required Signature(s) on behalf of Other Business Entity:** Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: Alson Jacquet  
Printed Name: ALSON JACQUET Title: MR

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: **JACQUET & ASSOCIATES, P.A.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1375 GATEWAY BOULEVARD  
BOYNTON BEACH, FLORIDA 33426

Mailing address, if different is:  
P.O. BOX 8084  
DELRAY BEACH, FLORIDA 33482

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: THE CORPORATION MAY ENGAGE IN THE PRACTICE OF LAW AND THE TRANSACTION OF ANY OR ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER THE LAWS OF THE STATE OF FLORIDA.

**ARTICLE IV SHARES**

The number of shares of stock is: **10,000**

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

Name and Title: ALSON JACQUET, DPST

Address: P.O. BOX 8084  
DELRAY BEACH, FLORIDA 33482

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

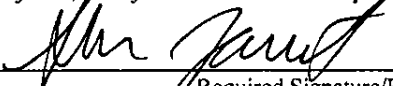
Name: ALSON JACQUET  
Address: 1375 GATEWAY BOULEVARD  
BOYNOTN BEACH, FLORIDA 33426

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ALSON JACQUET  
Address: P.O. BOX 8084  
DELRAY BEACH, FLORIDA 33482

*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*

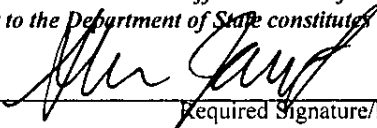


Required Signature/Registered Agent

10/17/2012

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature/Incorporator

10/17/2012

Date

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TALLAHASSEE, FLORIDA

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

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Mailing address, if different is:  
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The number of shares of stock is: **10,000**

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

Name and Title: ALSON JACQUET, DPST	Name and Title: _____
Address: P.O. BOX 8084	Address: _____
DELRAY BEACH, FLORIDA 33482	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

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BOYNOTN BEACH, FLORIDA 33426

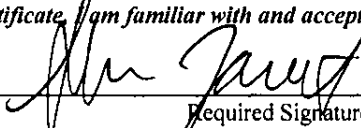
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ALSON JACQUET  
Address: P.O. BOX 8084  
DELRAY BEACH, FLORIDA 33482

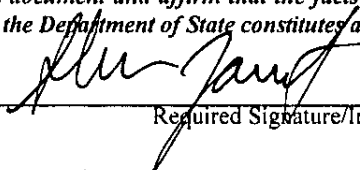
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TALLAHASSEE, FLORIDA

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\_\_\_\_\_  
Required Signature/Registered Agent

10/17/2012  
\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

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

10/17/2012  
\_\_\_\_\_  
Date