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(R	equestor's Name)	
А)	ddress)	
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(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	me)
(D	ocument Number)	
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO: Charter Section

Division of Corporations

THE LAW OFFICE OF LATONIA D. JACKSON & ASSOCIATES, 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 s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

FULTON ABRAHAM SANCHEZ CPA

Contact Person

FULTON ABRAHAM SANCHEZ PA

Firm/Company

10661 N KENDALL DRIVE SUITE 201

Address

MIAMI FL 33176

City, State and Zip Code

SABRAM7@GMAIL.COM

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

For further information concerning this matter, please call:

FULTON ABRAHAM SANCHEZ at

305 \332-389

Name of Contact Person

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

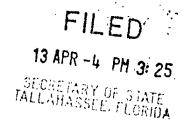
STREET ADDRESS:

Charter Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Charter 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 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.

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: 21000012353
THE LAW OFFICE OF LATONIA D. JACKSON & ASSOCIATES, LLC
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, 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 12/01/2010
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:
THE LAW OFFICE OF LATONIA D. JACKSON & ASSOCIATES, 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.)

	F	ILED
Signed this 20 day of MARICH	, 20 13 ADD	
Required Signature for Florida Profit Corporati	on: Secure.	ILED -4 PM 3: 25
Signature of Chairman, Vice Chairman, Drector, Cheen selected, an Incorporator: Printed Name: LATONIA D JACKSON Title:	Officer, or, if Directors or Officers have	RY OF STATE STOE, FLORIDA
Required Signature(s) on behalf of Other Business signature(s).]		
Signature: Printed Name: LAZONIA D. J. CRSON	Title: MANAGER	• -
Signature: Printed Name:		
Signature: Printed Name:	_Title:	<u>.</u>
Signature: Printed Name:	Title:	
Signature: Printed Name:	Title:	
Signature: Printed Name:	_Title:	-
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.	•	
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

Page 2 of 2

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

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	E OF LATONIA D. JACKSON & ASSOCIATES NO TAKE TAKE HASS	11.5. FL0
the principal place of business/mailing address is:		
Principal street address	Mailing address; if different is:	
12905 SW 42 STREET SUITE 203		ં
MIAMI, FL 33175		
ARTICLE III PURPOSE The purpose (for which the corporation is organized is: LAW OFFICE		
The Theory of The State of the		
ARTICLE IV SHARES The number of shares of stock is:		
	DIRECTORS	
ARTICLE V INITIAL OFFICERS AND/OR I	······································	
ARTICLE V INITIAL OFFICERS AND/OR I Name and Title: LATONIA D. JACKSON, PRESIDEN 17060 NIM 22 COLIDT	T Name and Title:	
ARTICLE V INITIAL OFFICERS AND/OR I Name and Title: LATONIA D. JACKSON, PRESIDEN 17060 NIM 22 COLIDT	······································	
Name and Title: LATONIA D. JACKSON, PRESIDEN Address: MIAMI, FL 33056	Name and Title: Address:	· ·
Name and Title: Address: MIAMI, FL 33056 Name and Title:	Name and Title: Name and Title:	
Name and Title: LATONIA D. JACKSON, PRESIDEN 17960 NW 22 COURT MIAMI, FL 33056 Name and Title:	Name and Title: Address: Name and Title:	
Name and Title: Address: Address: MIAMI, FL 33056 Name and Title: Address:	Name and Title: Address: Name and Title: Address:	
Name and Title: LATONIA D. JACKSON. PRESIDEN	Name and Title: Address: Name and Title: Address:	
ARTICLE V INITIAL OFFICERS AND/OR I Name and Title: LATONIA D. JACKSON, PRESIDEN 17960 NW 22 COURT MIAMI, FL 33056 Name and Title:	Name and Title: Address: Name and Title: Address:	
Name and Title: Address: Address: Name and Title: Address: Address: Name and Title: Address: Name and Title: Address: REGISTERED AGENT	Name and Title: Address: Name and Title: Address: Name and Title: Address:	
ARTICLE V INITIAL OFFICERS AND/OR I Name and Title: Address: MIAMI, FL 33056 Name and Title: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT a	Name and Title: Address: Name and Title: Address: Name and Title: Address:	
ARTICLE V INITIAL OFFICERS AND/OR I Name and Title: Address: Address: Name and Title: Address: Name and Title: Address:	Name and Title: Address: Name and Title: Address: Name and Title: Address:	

INCORPORATOR

The name and address of the Incorporator is:

Name:

FULTON ABRAHAM SANCHEZ CPA

Address:

10661 N KENDALL DRIVE SUITE 201

MIAMI FL 33176

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Having been name designated in this c	ed as registered agen ertificate, I am famili	it to accept service ar with and accept	of process for the appointment	the above stated as registered age	corporation at the place nt and agree to act in this	
capacity	1	•	• •			

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.

FIA Yanches
Required Signature/Incorporator

3 /27/13

Date