

P/300089382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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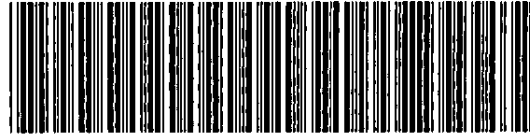
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/14/13--01002--005 **131.25

10 OCT 30 PM 1:21
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10343

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Heart In Hands Special Needs Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Robert L Adkins

Name (Printed or typed)

2349 Canoe Creek Rd

Address

St Cloud Fla 34769

City, State & Zip

407/908/9550

Daytime Telephone number

Bob@bobsway.net

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

NOTE: Please provide the original and one copy of the articles.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 OCT 30 PM 1:21

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:

Heart in Hands Special Needs ^{LLC} Inc.
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 05/07/2013
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:

Heart in Hands Special Needs Inc.
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 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 22 day of Oct, 20 13.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Robert L. Adkins

Printed Name: Robert L. Adkins Title: Pres

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Robert L. Adkins
Printed Name: Robert L. Adkins Title: Pres

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)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 OCT 30 PM 1:21

ARTICLE I NAME

The name of the corporation shall be:

Heart In Hands Special Needs Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2349 Canoe Creek Rd
St Cloud Fla 34769

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To do business in the State of Florida for profit

ARTICLE IV SHARES

The number of shares of stock is:

100,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert L Adkins/ President

Name and Title: _____

Address

2349 Canoe Creek Rd

Address: _____

St Cloud Fla 34769

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

(cont.)

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Robert L Adkins

Address: 2349 Canoe Creek Rd

St Cloud Fla. 34769

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBERT L ADKINS

Address: 2349 Canoe Creek Rd

St Cloud Fla

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

Robert L Adkins

Required Signature/Registered Agent

Oct 8/2013

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.

Robert L Adkins

Required Signature/Incorporator

Oct 8/2013

Date