

P14000025662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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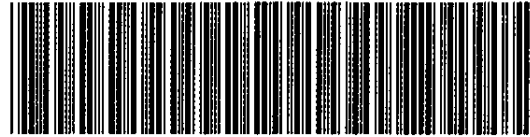
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/20/14--01012--007 **105.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 20 AM 11:19

3/21/14

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: W. CLINTON WALLACE, 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:

NATALIE R. WILSON, ESQUIRE

Contact Person

WILSON LAW, P.L.

Firm/Company

206 EASTON DRIVE, SUITE 101

Address

LAKELAND, FLORIDA 33803

City, State and Zip Code

n.wilson@wilsonlawpl.com

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

For further information concerning this matter, please call:

NATALIE R. WILSON

Name of Contact Person

at (863) 682-6828

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.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

W. CLINTON WALLACE, P. A.

Enter Name of Other Business Entity

2. The "Other Business Entity" is a PROFESSIONAL ASSOCIATION
(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 06/30/1980
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:

FLORIDA

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

W. CLINTON WALLACE, INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 01/02/2014
(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.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 20 AM 11:20

Signed this 10th day of MARCH, 20 14.

Required Signature for Florida Profit Corporation:

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

Printed Name: CLINTON G. WALLACE Title: PRESIDENT / TREASURER / DIRECTOR

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

Signature: 
Printed Name: LINDA M NORMAN Title: SECRETARY

Signature: DECEASED
Printed Name: W. CLINTON WALLACE Title: PRESIDENT / TREASURER / DIRECTOR

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)

ARTICLE I NAME

The name of the corporation shall be: W. CLINTON WALLACE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
910 WILSON LAW, P. L.
206 EASTON DRIVE, SUITE 101
LAKELAND, FLORIDA 33803

Mailing address, if different is:
SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CLINTON G. WALLACE - PTD Name and Title: PRESIDENT / TREASURER / DIRECTOR

Address: 6888 TAMARIND CIRCLE Address: _____
ORLANDO, FLORIDA 32819

Name and Title: CHAD M. WALLACE - VP/S Name and Title: VICE PRESIDENT / SECRETARY

Address: 1039A PARADISE BLVD, UNIT 108 Address: _____
ST. PETERSBURG, FLORIDA 33706

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: NATALIE R. WILSON, ESQUIRE OF WILSON LAW, P. L.

Address: 206 EASTON DRIVE, SUITE 101
LAKELAND, FLORIDA 33803


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NATALIE R. WILSON OF WILSON LAW, P.C.

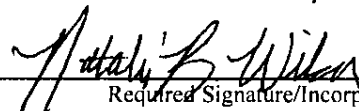
Address: 206 EASTON DRIVE, SUITE 101
LAKELAND, FLORIDA 33803

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

03/10/2014
Date

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.817.155, F.S.


Required Signature/Incorporator

03/10/2014
Date