

P14000102348

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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14 DEC 24 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1114 72378

MD 12/30

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Covenant Counseling Center

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:

Monica Clayton

Contact Person

Covenant Counseling Center, LLC

Firm/Company

PO Box 681397

Address

Orlando, FL 32868

City, State and Zip Code

monica@covenantcounselor.com

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

For further information concerning this matter, please call:

Monica Clayton

Name of Contact Person

at ( 321 ) 872-7720

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:**

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

**MAILING ADDRESS:**

New Filings Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 4, 2014

MONICA CLAYTON  
COVENANT COUNSELING CENTER, LLC  
P.O. BOX 681397  
ORLANDO, FL 32868

SUBJECT: COVENANT COUNSELING CENTER  
Ref. Number: W14000072378

We have received your document for COVENANT COUNSELING CENTER and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must contain the name of the corporation as set forth in the Florida Articles of Incorporation.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 414A00025559

**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:

Covenant Counseling Center, LLC

LD8000047440

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 5/8/2008

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:

n/a

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

Covenant Counseling Center Corporation

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.)

Signed this 1 day of December, 2014.

**Required Signature for Florida Profit Corporation:**

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

Printed Name: Monica Clayton Title: Owner, President

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

Signature: Monica Clayton  
Printed Name: Monica Clayton Title: Owner, President

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)**

**ARTICLE I    NAME**

The name of the corporation shall be: Covenant Counseling Center Corporation

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

1800 Pembroke Dr. # 300

Orlando, FL 32810

Mailing address, if different is:

PO Box 681397

Orlando, FL 32868

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Any and All Lawful Business

**ARTICLE IV    SHARES**

The number of shares of stock is: 1

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

Name and Title: Monica Clayton, President

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

Address: PO Box 681397  
Orlando FL 32868

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

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

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

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

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

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: Monica Clayton

Address: 1800 Pembroke Dr. # 300

Orlando, FL 32810

14 DEC 24 PM 4:41  
RECEIVED  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE 17TH JUDICIAL CIRCUIT  
IN FLORIDA  
COUNTY OF ORANGE

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Monica Clayton  
Address: 1800 Pembroke Dr. # 300  
Orlando, FL 32810

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CLERK OF STATE  
TALLAHASSEE FLORIDA

\*\*\*\*\*

*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*

Monica Clayton  
Required Signature/Registered Agent

12/1/14  
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.*

Monica Clayton  
Required Signature/Incorporator

12/1/14  
Date