

P15 00 0040416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

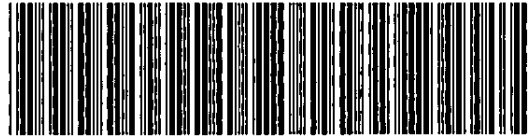
(Document Number)

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

Special Instructions to Filing Officer:

W15-20190

Office Use Only



700270673407

03/20/15--01011--017 \*\*105.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAY -5 PM 1:56

APPROVAL  
AND  
FILED

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Agruppe LLC

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:

**Neely Hensley**

Contact Person

**Weiss & Associates**

Firm/Company

**9420 Fountain Medical Ct. #101**

Address

**Bonita Springs, FL 34135**

City, State and Zip Code

**nhensley@weissaccountants.com**

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

For further information concerning this matter, please call:

**Neely Hensley**

Name of Contact Person

at ( **239** ) **992-6060**

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,<br>Certified Copy, and<br>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

March 24, 2015

NEELY HENSLEY  
WEISS & ASSOCIATES  
9420 FOUNTAIN MEDICAL CT. #101  
BONITA SPRINGS, FL 34134

SUBJECT: AGRUPPE LLC  
Ref. Number: W15000020190

We have received your document for AGRUPPE LLC 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 515A00005786

**Certificate of Conversion**

For

**"Other Business Entity"**

Into

**Florida Profit Corporation**

RECEIVED MAY 5 2015

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:

Agruppe LLC - M/2 - 296

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC  
(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 AZ  
(Enter state, or if a non-U.S. entity, the name of the country)

on 07/21/2010

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 of the laws of which it is now organized, formed or incorporated:

FL

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

Agruppe 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.)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAY -5 PM 1:56

APPROVED  
AND  
FILED

Signed this 9 day of March, 20 15.

**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: Claudia James Title: President

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

Signature: \_\_\_\_\_  
Printed Name: Claudia James Title: 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)

APPROVED  
AND  
FILED  
15 MAY -5 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 15 MAY -5 PM 1:56

### ARTICLE I NAME

The name of the corporation shall be: Agruppe Inc

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

9420 Fountain Medical Ct. 101

9420 Fountain Medical Ct 101

Bonita Springs, FL 34135

Bonita Springs, FL 34135

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all legal business.

### ARTICLE IV SHARES 1,000

The number of shares of stock is:

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Claudia James

Name and Title: President

Address:

4649 Del Rio Ln.  
Bonita Springs, FL 34134

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:

Claudia James

Address:

4649 Del Rio Lane

Bonita Springs, FL 34134

APPROVAL  
AND  
FILED

15 MAY -5 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Claudia James  
Address: 4649 Del Rio Lane  
Bonita Springs, FL 34134

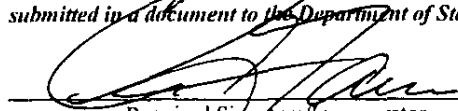
\*\*\*\*\*

*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

03/09/15  
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

03/09/15  
Date

