

P15000053633

(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:

Office Use Only



200273482162

06/01/15--01009--020 **105.00

15 JUN 22 PM 3:23

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

W/15-3860

YMD 6/23

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: AMANDA BLACK, P.A.

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:

CHRISTINE CHEW

Contact Person

CHRISTINE CHEW & ASSOCIATES

Firm/Company

539 N. MILLS AVE

Address

ORLANDO, FL 32803

City, State and Zip Code

CCHEWINCORP@GMAIL.COM

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

For further information concerning this matter, please call:

CHRISTINE CHEW

at (407) 894-7259

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:

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

June 2, 2015

CHRISTINE CHEW
CHRISTINE CHEW & ASSOCIATES
539 N. MILLS AVE.
ORLANDO, FL 32803

SUBJECT: AMANDA BLACK, P.A.
Ref. Number: W15000038600

We have received your document for AMANDA BLACK, P.A. 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 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 Organization, if any.

The specific business purpose of the professional association must be stated in the document.

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: 715A00011582



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2015

CHRISTINE CHEW
CHRISTINE CHEW & ASSOCIATES
539 N. MILLS AVE.
ORLANDO, FL 32803

SUBJECT: AMANDA BLACK, P.A.
Ref. Number: W15000038600

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

You failed to make the correction(s) requested in our previous letter.

The specific business purpose of the professional association must be stated in the document.

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: 715A00011582

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

15 JUN 22 PM 2:23
FILED
CLERK OF COURT
JULIA A. BROWN
TALLAHASSEE, FLORIDA

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:

AMANDA BLACK DESIGNS, LLC

LD500007384

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 01/24/2005

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**:

AMANDA BLACK, P.A.

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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 27TH day of MAY, 2015.

Required Signature for Florida Profit Corporation:

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

Incorporator: Amanda Black

Printed Name: AMANDA L. BLACK Title: PRESIDENT

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

Signature: Amanda Black

Printed Name: AMANDA L. BLACK Title: MGRM

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)

15 JUN 22 PM 3:23

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: AMANDA BLACK, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

401 MAIN STREET SUITE B

WINDERMERE, FL 34786

Mailing address, if different is:

SAME AS PRINCIPAL STREET ADDRESS

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NAME: AMANDA L. BLACK TITLE: P

Address: 401 MAIN STREET SUITE B
WINDERMERE, FL 34786

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: AMANDA L. BLACK
Address: 401 MAIN STREET SUITE B
WINDERMERE, FL 34786

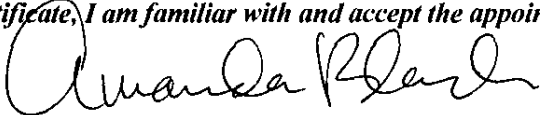
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: AMANDA L. BLACK
Address: 401 MAIN STREET SUITE B
WINDERMERE, FL 34786

15 JUN 22 PM 3:23
JUN 22 2015

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

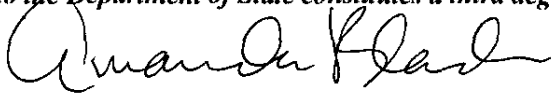


Required Signature/Registered Agent

05/27/2015

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

05/27/2015

Date