

P15006089365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

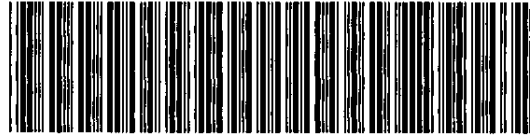
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000277992610

10/28/15--01018--001 **105.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 OCT 28 PM 4:50

11/2

ch

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: EVOLVE INSURANCE AGENCY 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:

DAVID WILLIAM KRONK JR., CEO

Contact Person

EVOLVE INSURANCE AGENCY INC

Firm/Company

2017 TAMAMI TRAIL SOUTH, UNIT B

Address

VENICE, FLORIDA 34293

City, State and Zip Code

STACEYFLINS@GMAIL.COM

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

For further information concerning this matter, please call:

DAVID WILLIAM KRONK JR.

at (941) 2442760

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 ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of and Certified Copy Certified Copy, and
Status 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

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:

EVOLVE INSURANCE AGENCY LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LIMITED LIABILITY CORPORATION

(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 AUGUST 15, 2011

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:**

EVOLVE INSURANCE AGENCY INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: DECEMBER 31, 2015

(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.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 OCT 28 PM 4:50

Signed this 26 day of OCTOBER, 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:

Printed Name: DAVID W. KRONK JR. Title: CEO (INCORPORATOR)

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

Signature:

Printed Name: DAVID WILLIAM KRONK JR. 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)

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: EVOLVE INSURANCE AGENCY INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address
2017 TAMiami TRAIL SOUTH, UNIT B
VENICE, FLORIDA 34293

Mailing address, if different is:

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID WILLIAM KRONK JR., CEO

Address: 5911 29TH AVENUE DRIVE EAST
BRADENTON, FLORIDA 34208

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

15 OCT 28 PM 4:50

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

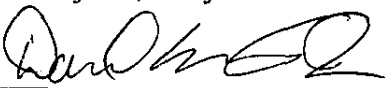
Name: DAVID WILLIAM KRONK JR., CEO
Address: 5911 29TH AVENUE DRIVE EAST
BRADENTON, FLORIDA 34208

ARTICLE VII INCORPORATOR

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


Name: DAVID WILLIAM KRONK JR., CEO
Address: 5911 29TH AVENUE DRIVE EAST
BRADENTON, FLORIDA 34208

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

10/26/2015
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

10/26/2015
Date

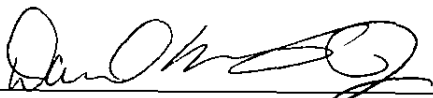
ARTICLE VIII EFFECTIVE DATE

The **effective date** for this corporation shall be:

DECEMBER 31, 2015 (12/31/2015)


Required Signature/Registered Agent

10/26/2015
Date


Required Signature/Incorporator

10/26/2015
Date