

P15000100650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

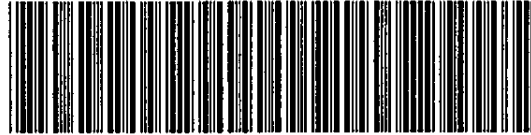
(Document Number)

Certified Copies _____

Certificates of Status _____

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11/06/15--01001--015 **113.75

15 DEC 21 PM 3:24
RECEIVED

WIS-75049

MD 12/22

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: WISE INSURANCE AGENCY LLC , 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:

JAMIE BLAIR

Contact Person

WISE INSURANCE AGENCY LLC INC

Firm/Company

1410 E GEORGIA STREET

Address

BARTOW, FLORIDA 33830

City, State and Zip Code

JAMIE@WISEINSLLC.COM

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

For further information concerning this matter, please call:

JAMIE BLAIR

at (863) 5343431

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

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

November 16, 2015

JAMIE BLAIR
1410 E. GEORGIA STREET
BARTOW, FL 33830

SUBJECT: WISE INSURANCE AGENCY LLC, INC
Ref. Number: W15000075049

We have received your document for WISE INSURANCE AGENCY LLC, INC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the Florida Profit corp cannot include "LLC".

Correct #4 on the Certificate of Conversion and Article I of the Articles of Incorporation.

Please return 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

Letter Number: 315A00024162

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:

WISE INSURANCE AGENCY LLC

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 10/22/07
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:**

WISE INSURANCE AGENCY, INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 01/01/16

(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 3RD day of NOVEMBER, 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: Donna Jeffries
Printed Name: DONNA JEFFRIES Title: BOOKKEEPER/ TAX PREPARER

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

Signature: Jamie Blair

Printed Name: JAMIE BLAIR Title: PRESIDENT

Signature: William F. Wise Jr

Printed Name: WILLIAM F WISE JR Title: VICE PRESIDENT

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 DEC 21 PM 3:24

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: WISE INSURANCE AGENCY , INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address
1410 EAST GEORGIA STREET

BARTOW , FLORIDA 33830

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL INSURANCE AGENCY

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMIE BLAIR, PRESIDENT

Address: 1410 E GEORGIA STREET

BARTOW, FLORIDA 33830

Name and Title: _____

Address: _____

Name and Title: WILLIAM F WISE JR. , VICE PRESIDENT

Address: 1410 E GEORGIA STREET

BARTOW, FLORIDA 33830

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: JAMIE BLAIR

Address: 1410 EAST GEORGIA STREET

BARTOW, FLORIDA 33830

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ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: DONNA JEFFRIES

Address: 180 S BROADWAY AVENUE
BARTOW, FLORIDA 33830

[illegible]

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 11/3/15 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.

11/3/15
Date