

P16000003660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

15 DEC 26 AM 9:27

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COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Financial Resources Management Corporation II

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:

Roxanne E. Fleszar

Contact Person

Financial Resources Management Corporation II

Firm/Company

1414 Newton Street

Address

Key West, FL 33040

City, State and Zip Code

roxanne@financial-management.com

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

For further information concerning this matter, please call:

Roxanne Fleszar

at (305) 295-9628

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

FILED
15 DEC 26 AM 9:27
SECRETARY OF STATE
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:

Financial Resources Management Corporation

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Sub S 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 Commonwealth of Massachusetts

(Enter state, or if a non-U.S. entity, the name of the country)

on September 1, 1986 October 3 1985

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:

Commonwealth of Massachusetts

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

Financial Resources Mnaagmt Corporation II

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: January 1, 2016

(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 21 day of December, 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: Roxanne E. Fleszar

Printed Name: Roxanne E. Fleszar Title: President

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

Signature: Roxanne E. Fleszar

Printed Name: Roxanne E. Fleszar 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)

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Financial Resources Management Corporation II**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address:

1414 Newton Street.Key West, FL 33040

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Profit.**ARTICLE IV SHARES**The number of shares of stock is: 15000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Roxanne E. Fleszar, PresidentAddress: 1414 Newton StreetKey West, FL 33040Name and Title: Roxanne E. Fleszar, TreasurerAddress: 1414 Newton StreetKey West, FL 33040Name and Title: Roxanne E. Fleszar, ClerkAddress: 1414 Newton StreetKey West, FL 33040Name and Title: Roxanne E. Fleszar, DirectorAddress: 1414 Newton StreetKey West, FL 33040

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

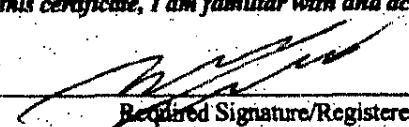
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ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Michel A. AppellisAddress: 1414 Newton StreetKey West, FL 33040**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: ROXANNE E. FLESZARAddress: 1414 NEWTON ST.KEY WEST, FL 33040

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 Agent12-21-15

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 Incorporator12/21/2015

DateSECRETARY OF STATE
TALLAHASSEE, FLORIDA

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