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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

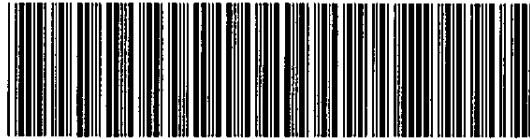
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16 FEB 12 AM 8:45  
STATE OF CALIFORNIA  
COUNTY OF LOS ANGELES

*g. 2/12/16*

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Elevate Business Law, PA

\_\_\_\_\_  
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:

Laurie M. Lee

\_\_\_\_\_  
Contact Person

Elevate Business Law, PA

\_\_\_\_\_  
Firm/Company

4446-1A Hendricks Ave. #353

\_\_\_\_\_  
Address

Jacksonville, FL 32207

\_\_\_\_\_  
City, State and Zip Code

Laurie@elevatebusinesslaw.com

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

For further information concerning this matter, please call:

Laurie M. Lee

at ( 904 ) 860-3111

\_\_\_\_\_  
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

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16 FEB 12 AM 8:45



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 5, 2016

LAURIE M. LEE  
4446-1A HENDRICKS AVENUE #353  
JACKSONVILLE, FL 32207

SUBJECT: ELEVATE BUSINESS LAW, PA  
Ref. Number: W16000009333

We have received your document for ELEVATE BUSINESS LAW, PA and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 416A00002587

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16 FEB 12 AM 8:45  
CORPORATION DIVISION

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

FILED  
16 FEB 12 AM 8:45

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:

Elevate Business Law, PLLC

Enter Name of Other Business Entity L15000002542

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 1-6-2015  
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:**

Elevate Business Law, PA

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 20th day of January, 2016.

**Required Signature for Florida Profit Corporation:**

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

Incorporator: Laurie M. Lee  
Printed Name: Laurie M. Lee Title: President

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

Signature: Laurie M. Lee  
Printed Name: Laurie M. Lee Title: Member

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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16 FEB 12 AM 8:45  
STATE

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

FILED

**ARTICLE I NAME**

The name of the corporation shall be: Elevate Business Law, PA

• 16 FEB 12 AM 8:45

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal street address

Mailing address, if different is:

5 W. Forsyth Street #200

4446-1A Hendricks Avenue #353

Jacksonville, FL 32202

Jacksonville, FL 32207

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The general purpose for which this corporation is organized shall be to render professional legal services to the general public and to do all things in connection therewith that are customarily done by lawyers under Florida law.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Laurie M. Lee, President

Name and Title: \_\_\_\_\_

Address: 4446-1A Hendricks Ave #353

Address: \_\_\_\_\_

Jacksonville, FL 32207

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: Laurie M. Lee  
Address: 5 W. Forsyth St. #200  
Jacksonville, FL 32202

**ARTICLE VII INCORPORATOR**

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

Name: Laurie M. Lee  
Address: 4446-1A Hendricks Ave #353  
Jacksonville, FL 32207

\*\*\*\*\*  
*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*

*Laurie M. Lee*  
Required Signature/Registered Agent

1/25/2016  
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.*

*Laurie M. Lee*  
Required Signature/Incorporator

1/25/2016  
Date

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16 FEB 12 AM 8:45  
STATE OF FLORIDA  
DEPARTMENT OF STATE