

P160000027466

(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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16 MAR 29 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1116-11341

UND 3/29

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** KIMBERLY A. THOMSON 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:

Kimberly A. Thomson  
Contact Person

Kimberly A. Thomson P.A.  
Firm/Company

719 DUCHESS COURT  
Address

Palm Beach Gardens, FL 33410  
City, State and Zip Code

KIM@IMLS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly A. Thomson at (561) 309.2820  
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<br>and Certificate of<br>Status | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,<br>Certified Copy, and<br>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

February 16, 2016

KIMBERLY A. THOMSON  
719 DUCHESS COURT  
PALM BEACH GARDENS, FL 33410

SUBJECT: KIMBERLY A. THOMSON P.A.  
Ref. Number: W16000011341

We have received your document for KIMBERLY A. THOMSON P.A. and your check(s) totaling \$113.75. 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.

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

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II

Letter Number: 816A00003168

JOHN W. BOYER, P.A.

CERTIFIED PUBLIC ACCOUNTANT

3300 PGA BOULEVARD

SUITE 625

PALM BEACH GARDENS, FL 33410

TELEPHONE: 1 (561) 622-1974

FACSIMILE: 1 (561) 622-1918

DIVISION OF CORPORATIONS

POST OFFICE BOX 6327

TALLAHASSEE, FL 32314

SUBJECT: KIMBERLY A. THOMSON, P.A.

REF #: W16000011341

Maryanne Dickey,

Please see the following showing the correct Purpose in Article III. You are in receipt of check for this request when we initially sent all documents.

Thank you



Allison Biggins

Office Manager

John W Boyer CPA

3300 PGA Blvd Ste 625

Palm Beach Gardens, FL 33410

561.622.1974



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 7, 2016

KIMBERLY A. THOMSON  
719 DUCHESS COURT  
PALM BEACH GARDENS, FL 33410

SUBJECT: KIMBERLY A. THOMSON P.A.  
Ref. Number: W16000011341

We have received your document for KIMBERLY A. THOMSON P.A. and your check(s) totaling \$113.75. 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.

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 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: 816A00003168

**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:

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

on DECEMBER 08, 2014  
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**:

KIMBERLY A. THOMSON 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.

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16 MAR 29 AM 11:19  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Signed this 10<sup>th</sup> day of February, 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: Kimberly Thomson

Printed Name: KIMBERLY A. THOMSON Title: PRESIDENT

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

Signature: John Boyer

Printed Name: JOHN W. BOYER Title: MANAGING MEMBER

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: KIMBERLY A THOMSON P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

719 DUCHESS COURT  
PALM BEACH GARDENS, FL 33410

719 DUCHESS COURT  
PALM BEACH GARDENS, FL 33410

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose for which this corporation is organized  
are to engage in real estate sales activities  
permitted under the laws of the U.S. and the  
real estate laws under chapter 475 of the State of  
Florida.

Kimberly Thomson

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: KIMBERLY A THOMSON President Name and Title: \_\_\_\_\_

Address: 719 DUCHESS COURT Address: \_\_\_\_\_  
PALM BEACH GARDENS, FL 33410

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

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

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

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

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CLERK 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: KIMBERLY A THOMSON  
Address: 719 DUCHESS COURT  
PALM BEACH GARDENS, FL 33410

**ARTICLE VII INCORPORATOR**

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

Name: KIMBERLY A THOMSON  
Address: 719 DUCHESS COURT  
PALM BEACH GARDENS FL 33410

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16 MAR 29 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*\*\*

*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*

Kimberly Thomson  
Required Signature/Registered Agent

February 10, 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.*

Kimberly Thomson  
Required Signature/Incorporator

February 10, 2016  
Date