

P 16000063693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

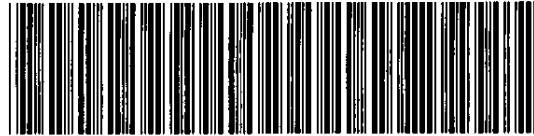
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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16 AUG -3 AM 10:33

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8/4/16

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

Allfinancial Partners Inc.

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☐ Nonprofit

☐ Foreign

☐ Amendment

☐ Merger

☐ Limited Partnership

☐ LLC

☐ Dissolution/Withdrawal

☐ Reinstatement

☐ Annual Report

☐ Name Registration

☐ Fictitious Name

☐ Mark

☒ Other
Conversion

☒ Certified Copy

Conversion

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Photocopies

☐ CUS

☐ After 4:30

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8/3/2016

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KM

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TALLAHASSEE, FL
AUG 3 2016

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Allfinancial Partners 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:

Michael Krasnerman
Contact Person

Allfinancial Partners, Inc.
Firm/Company

1489 W. Palmetto Pk Rd #494
Address

Boca Raton, FL 33486
City, State and Zip Code

mk@allfinancialgrp.com

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

For further information concerning this matter, please call:

Michael Krasnerman at (561) 430-5317
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees ☒ \$13.75 Filing Fees ☒ \$113.75 Filing Fees ☒ \$122.50 Filing Fees,
and Certificate of Status and Certified Copy 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 AUG -3 AM 10:33
TALLAHASSEE, FL
CLERK OF COURT

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16 AUG -3 AM 10:33

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

DEPT. 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:

Allfinancial Partners, Inc.

Enter Name of Other Business Entity

2. The "Other Business Entity" is a

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

Connecticut

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

on

7/21/03

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:

Florida

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

Allfinancial Partners, Inc.

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 1st day of August, 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: [Signature]

Printed Name: Michael Krasnerman Title: President

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

Signature: [Signature]

Printed Name: Michael Krasnerman 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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16 AUG -3 AM 10:33
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

FILED

16 AUG -3 AM 10:33

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

TO BE FILED IN THE
CLERK'S OFFICE OF THE
STATE OF FLORIDA

ARTICLE I NAME

The name of the corporation shall be: All Financial Partners, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

1489 W. Palmetto Pk Rd. #494
Boca Raton FL 33486

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provides services to clients.

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Kraon / President

Address: 1489 W. Palmetto Pk Rd #494

Boca Raton, FL 33486

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: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Kramerman
Address: 1489 W. Palmetto Pk Rd #494
Boca Raton, FL 33486

.....
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

Michelle Holde, Asst. Sec. 8/2/16
Required Signature/Registered Agent 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.

Michael Krasnerman 8/1/16
Required Signature/Incorporator Date

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DEPT. OF STATE
TALLAHASSEE, FL 32310