# P16000066890

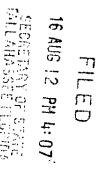
(Re	equestor's Name)	
	ldress)	
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(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	l
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
W16-516	79-	

Office Use Only



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### COVER LETTER

TO:	Charter Section	,	1			
	Division of Cor	rporations				
CHD H	POSITIVE I	EDGE CORPORATION				
SUBJI	ect:	Name of	Resulting Flori	da Profit	Corporation	
		e of Conversion, Articles Profit Corporation" in ac			ees are submitted to convert an "Ot .5, F.S.	her Business
Please	return all corresp	ondence concerning this	s matter to:			
KEVIN	KERSEY					
		Contact Person	<del> </del>	<del>_</del>		
POSIT	IVE EDGE CORP	ORATION				
		Firm/Company				
P.O. B	OX 702360					
		Address				
SAINT	CLOUD, FLORI	DA 34770				
		City, State and Zip Code	e	<del></del>		
	NKERSEY01@GM					
E	E-mail address: (t	o be used for future annu	ual report notifi	cation)		
For fu	rther information	concerning this matter,				
KEVIN	N KERSEY		_at (	801-95	508	
	Name of Co	ontact Person	Area	Code and	Daytime Telephone Number	
Enclos	sed is a check for	the following amount:				
<b>=</b> \$10	5.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fil and Certified	_	□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New F Division Cliftor	ET ADDRESS: Tilings Section on of Corporation Building Executive Center	ns		New F Division P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314	

Tallahassee, FL 32301



July 25, 2016

KEVIN KERSEY P.O. BOX 702360 SAINT CLOUD, FL 34770

SUBJECT: ST. CLOUD TUTORING & TESTING CENTER, LLC

Ref. Number: W16000051679

We have received your document for ST. CLOUD TUTORING & TESTING CENTER, LLC 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 file 2016 "Annual Report".

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 816A00015534

#### **Certificate of Conversion**

For

#### "Other Business Entity"

Into

#### Florida Profit Corporation

FILED

16 AUG 12 PH 4: 07

SECREMARY OF DEATH THAT THE DEATH THAT SEE THAT A SECREMARY OF DEATH ASSET FOR OTHER THAT A SECREMARY OF DEATH ASSET FOR OTHER DEATH ASSET

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
ST. CLOUD TUTORING & TESTING CENTER, LLC LIS - 19 3250
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
(Enter state, or if a non-U.S. entity, the name of the country)
11/09/2015 on
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 <u>attached Articles of Incorporation:</u> POSITIVE EDGE CORPORATION
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 Florid 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 12 day of JULY	, 20 <sup>16</sup>	
Required Signature for Florida Profit Corporation		FILED
Signature of Charman, Vice Chairman, Director, Offi Incorporator: The Key Lows II Printed Name: PAUL KEVIN KERSEY II Title: DIREC	icer or if Directors or Officers have	16 AUG 12 PM 4: 07 not been selected, an 4: 07 SECRETARY OF SHAPE FALL AHASSEE FLORIDA
Required Signature(s) on behalf of Other Business	Entity: [See below for required sig	nature(s).]
Signature: Kulkus Kus	T	
Printed Name: PAUL KEVIN KERSEY II	Title: DIRECTOR	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	<del></del>
Signature:		<del></del>
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	<del></del>
If Florida General Partnership or Limited Liabilit Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.		
Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

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

FILED

ARTICLE The name of	I NAME POSITIVE EDGE of the corporation shall be:	CORPORATION 16 AUG 12 PM 4: 0
ARTICLE	II PRINCIPAL OFFICE Il place of business/mailing address is:	SECRETARY OF WIAS TALLAHASSEE FORM
3764 LA SA	Principal street address	Mailing address, if different is: P.O. BOX 702360
SAINT CLO	UD, FL 34772	SAINT CLOUD, FL 34770
ARTICLE The purpose	III PURPOSE e for which the corporation is organized is	: NOVATIVE APPROACH TO TEACHING THAT HELPS
		R THEY NEED TO MASTER. THROUGH PERSONALIZED
		ENTS DEVELOP THE TOOLS THEY NEED FOR ONGOING
SUCCESS II	N THEIR FIELDS OF STUDY. OUR SUCCE	SS DEPENDS ON OUR ATTENTION TO THE NEEDS OF OUR
STUDENTS	AND TRULY HELPING THEM ACHIEVE	- WE DO NOT SUCCEED UNLESS OUR STUDENTS
SUCCEED.		
The number  ARTICLE	IV SHARES of shares of stock is:  V INITIAL OFFICERS AND/OR I	
Name and T	Title: PAUL KEVIN KERSEY II, CEO	Name and Title:
Address:	3764 LA SALLE AVE	Address:
	SAINT CLOUD, FL 34772	
Name and T		Name and Title:
Address:	3883 CREEK BED CIR	Address:
	SAINT CLOUD, FL 34769	
Name and T	Fitle:	Name and Title:
Address:		Address:

	EVI REGISTERED AGENT e and Florida street address (P.O. Box NOT accepta	shla) of the registered agent is:	
	PAUL KEVIN KERSEY II	FILED	
Name: Address:	3764 LA SALLE AVE	16 AUG 12 PH 4: 07	
Address.	SAINT CLOUD, FL 34772	SECRETMAY LITERING TALLAHASBES PLORIDA	
ARTICL			
The name	e and address of the Incorporator is:		
Name:	PAUL KEVIN KERSEY II		
Address:	3764 LA SALLE AVE		
	SAINT CLOUD, FL 34772		
		**************************************	f ir
1 77	Required Signature/Registered Agent	Date	
	this document and affirm that the facts stated hereing to the Department of State constitutes a third degre	a are true. I am aware that any false information submitted i e felony as provided for in s.817.155, F.S.	n i
fall	( Kever Kaser II	7/12/2016	
-	Required Signature/Incorporator	Date	