

PI7 000001094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

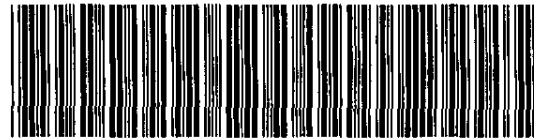
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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16 DEC 27 AM 8:58  
STATE  
TALLAHASSEE  
FLORIDA

M. MOON

DEC 27 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 15, 2016

JOHN CARTER, P.A.  
9455 KOGER BLVD., STE. 102  
ST. PETERSBURG, FL 33702

SUBJECT: ALLEON GROUP, INCORPORATED  
Ref. Number: W16000083995

12/27/16  
File is corrected

John Carter  
12/22/16

We have received your document for ALLEON GROUP, INCORPORATED and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 316A00026717

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REC'D  
STATE  
DIVISION OF  
CORPORATIONS

**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:

Alleon Group, LLC

(116-91962)

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

on 5/16/2016

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**:

Alleon Group, Incorporated

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 12/12/2016

(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.

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Signed this 6th day of December, 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: \_\_\_\_\_

Printed Name: Courtney Allen Title: President

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

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

Printed Name: Courtney Allen Title: President

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

Printed Name: Todd A. Leonard Title: CFO/Secretary

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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**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: Alleon Group, Incorporated

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

112 Bartram Oaks Walk

#104-600107

Jacksonville, FL 32260

Mailing address, if different is:

PO Box 600107

Jacksonville, FL 32260

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Alleon Group was created out of a belief that it is vital organizations understand, at a strategic level, their customers

and competitive advantage in the marketplace. That taking the time to determine and invest in a strong, sound

strategy will increase sales and market effectiveness to help achieve your organization's end goals.

Our thoughtful and detailed approach will guide you through and help you to develop:

- Sales Methodology to drive strategic deal creation and growth
- Sourcing Methodology / Business Process Outsourcing to create mutually beneficial partnerships
- Market (Marketing) Effectiveness to create connected customers

**ARTICLE IV    SHARES**

The number of shares of stock is: 20,000

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

Name and Title: Courtney Allen, President

Address: 112 Bartram Oaks Walk, #104-600107

Jacksonville, FL 32260

Name and Title: Todd A. Leonard, CFO/Secretary

Address: 112 Bartram Oaks Walk, #104-600107

Jacksonville, FL 32260

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

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

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

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

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

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

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

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

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STATE  
CLERK OF  
COURT  
JACKSONVILLE  
FL 32204

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: John Carter, P.A. Law Office of John K. Carter, P.A.  
Address: 9455 Koger Blvd; Suite 102  
St. Petersburg, FL 33702

**ARTICLE VII INCORPORATOR**

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

Name: Courtney Allen  
Address: 112 Bartram Oaks Walk, #104-600107  
Jacksonville, FL 32260

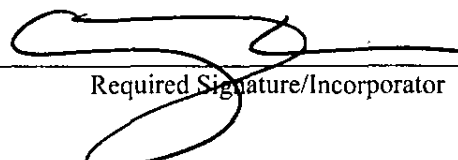
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

12/9/16  
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/Incorporator

12/6/16  
Date

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