

P1700041735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

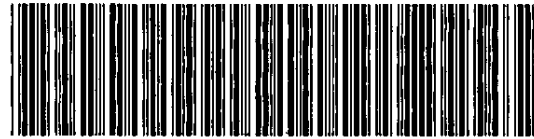
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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M. MOON

MAY 08 2017

COVER LETTER

TO: Charter Section
Division of Corporations

Erin Porter Associates, Inc.

SUBJECT: _____
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:

Erin Porter

Contact Person

Erin Porter Associates, Inc.

Firm/Company

10000 SW 52nd Ave, #D22

Address

Gainesville, FL 32608

City, State and Zip Code

erinporterinc@gmail.com

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

For further information concerning this matter, please call:

Erin Porter

703

395-2141

at ()

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
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input checked="" type="checkbox"/> \$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

4760-9 10/12/98

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:
Erin Porter Associates, Inc.

Enter Name of Other Business Entity

2. The "Other Business Entity" is a _____
S Corporation
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

Minnesota
first organized, formed or incorporated under the laws of _____
(Enter state, or if a non-U.S. entity, the name of the country)

February 14, 2005
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:
Virginia on 6/4/2014

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:
Erin Porter Associates, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: April 1, 2017 ~~5/10/17~~
(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 21st day of March, 2017.

Required Signature for Florida Profit Corporation:

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

Incorporator: Erin E. Porter

Printed Name: Erin E. Porter Title: President

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

Signature: Erin E. Porter

Printed Name: Erin E. Porter 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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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

Erin Porter Associates, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address
10000 SW 52nd Ave #D22

Gainesville, Florida 32608

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Marketing and Public Relations

ARTICLE IV SHARES

25,000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Erin E. Porter, President

Address: 10000 SW 52nd Ave, #D22
Gainesville, FL 32608

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

17 MAY -6 PM 12:38

ARTICLE VI REGISTERED AGENT

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

Name: Erin E. Porter
Address: 10000 SW 52nd Ave #D22
Gainesville, FL 32608

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Erin E. Porter
Address: 10000 SW 52nd Ave, #D22
Gainesville, FL 32608

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

Erin E. Porter
Required Signature/Registered Agent

3/21/2017 e 5/3/2017 eep
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.

Erin E. Porter
Required Signature/Incorporator

3/21/2017 e 5/3/2017 eep
Date

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