

P17000042354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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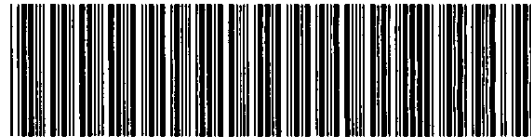
(Business Entity Name)

(Document Number)

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

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05/11/17--01013--011 \*\*75.00

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W17  
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FILED  
17 MAY 11 AM 10:58  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

New Filing

T. BURCH  
MAY 12 2017

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** SALT ACADEMY, 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:

Susana Boschetti

Contact Person

SALT ACADEMY, LLC.

Firm/Company

6018 S.W. 18th ST. STE C.9

Address

BOCA RATON, FL. 33433

City, State and Zip Code

B@saltacademy.org

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

For further information concerning this matter, please call:

Susana Boschetti at ( 561 ) 789-4402

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount: 75.00

☒ \$105.00 Filing Fees ☒ \$113.75 Filing Fees and Certificate of Status ☒ \$113.75 Filing Fees and Certified Copy ☒ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2017

SUSANA BASCHETTI  
21588 MAGALENA TER  
BOCA RATON, FL 33433

SUBJECT: SALT ACADEMY, CO  
Ref. Number: W17000032543

We have received your document for SALT ACADEMY, CO and check(s) totaling \$30.00 of which \$30.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$92.50 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You submitted the wrong type of form, proper forms are enclosed.

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.

Tim Burch  
Regulatory Specialist III

Letter Number: 417A00007311

**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:

SALT ACADEMY, LLC. 216-10685

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC  
(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 FL  
(Enter state, or if a non-U.S. entity, the name of the country)

on 1-15-16  
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**:

SALT ACADEMY, INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: X  
(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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17 MAY 11 AM 10:58  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Signed this 1st day of May, 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: [Signature]

Printed Name: Susana Boschetti Title: President/Director

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

Signature: [Signature]

Printed Name: Susana Boschetti Title: President/Director

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)

**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: SALT ACADEMY, INC.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

608 SW 18th St., Suite C9  
Boca Raton, FL 33433

21588 Magdalena Ter.  
Boca Raton, FL 33433

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

To provide individualized instruction to students  
K-8 grades.

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: Susana Boschetti/Pres.    Name and Title: \_\_\_\_\_

Address: 21588 Magdalena Ter.    Address: \_\_\_\_\_  
Boca Raton FL 33433

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: Susana Boschetti  
Address: 21588 Magdalena Ter.  
Boca Raton, FL 33433

**ARTICLE VII INCORPORATOR**

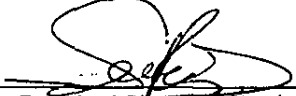
The **name and address** of the Incorporator is:

Name: Susana Boschetti  
Address: 21588 Magdalena Ter.  
Boca Raton, FL 33433

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TALLAHASSEE, FLORIDA

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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*

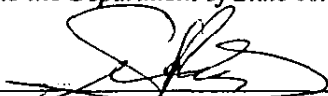


Required Signature/Registered Agent

5-2-17

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

5-2-17

Date