

P17000073749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

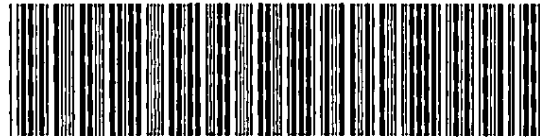
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/06/17--01004--009 **113.75

FILED
17 SEP -5 AM 11:07
2017

T. BURCH

SEP 8 2017

August 30, 2017

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Filing Articles of Conversion
A Touch of Grace Assisted Living Facility, Inc.

LZ order # 520657008



Dear Sir or Madam:

Attached for filing please find the Articles of Conversion of the above-referenced corporation. Enclosed, please find a check for \$113.75 for the filing fee and certified copy fee. Please process this application as quickly as possible and send the filed copy to me at the address below:

Legalzoom.com, Inc.
101 N Brand Blvd 11th Floor
Glendale, CA 91203

If you have any questions, please call me at (800) 773-0888 ex 9724. Thank you for your help in this matter.

Sincerely,

Cheyenne Moseley
LegalZoom.com

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: A Touch of Grace Assisted Living Facility, 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:

Cheyenne Moseley

Contact Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd 11th Floor

Address

Glendale, CA 91203

City, State and Zip Code

touchofgracellc@gmail.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

at (800)

773-0888 x9724

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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

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:

TOUCH OF GRACE ASSISTED LIVING FACILITY, LLC

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 08/03/2012

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**:

A TOUCH OF GRACE ASSISTED LIVING FACILITY, 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.

FILED
17 SEP -5 AM 11:07
CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

Signed this 5th day of August, 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: Eclair Cherisol

Printed Name: Eclair Cherisol Title: President

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

Signature: Eclair Cherisol

Printed Name: Eclair Cherisol Title: Member

Signature: D. Cherisol

Printed Name: Daphnee Cherisol Title: Member

Signature: Luc Cherisol Sr.

Printed Name: Luc Cherisol Sr. Title: Member

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: A TOUCH OF GRACE ASSISTED LIVING FACILITY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

3425 SW Rivera St.

Port Saint Lucie, FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Assisted Living Facility

ARTICLE IV SHARES

The number of shares of stock is: 6

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eclaire Cherisol, President, Treasurer

Address: 3425 SW Rivera St.

Port Saint Lucie, FL 34953

Name and Title: Eclaire Cherisol, Director

Address: 3425 SW Rivera St.

Port Saint Lucie, FL 34953

Name and Title: Daphnee Cherisol, Secretary

Address: 3425 SW Rivera St.

Port Saint Lucie, FL 34953

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Eclaire Cherisol
Address: 3425 SW Rivera St
Port Saint Lucie, FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Eclaire Cherisol
Address: 3425 SW Rivera St
Port Saint Lucie, FL 34953

FILED
17 SEP -5 AM 11:07
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF ST. LUCIE, FL

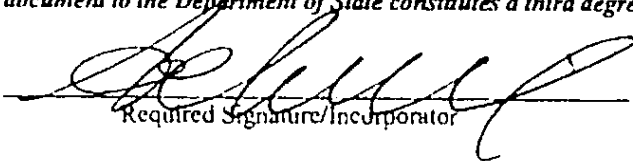
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

8/5/2017
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

8/5/2017
Date