P17acoo61170

(Re	equestor's Name)	
(Ad	ldress)	_
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
_		_4
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	<u> </u>	1
Special Instructions to	Filing Officer:	

Office Use Only

M. MOON OCT 1 0 2017



100304356701

10/10/17--01004--004 **105.00

11 OCT 10 PH 2: 40

COVER LETTER

TO: Charter Division	Section of Corporations				
SUBJECT:_	JSB WRITER INC.				
_ <u></u>	Name	of Resulting Flori	da Prof	it Corporation	
The enclosed Co Entity" into a "F	rtificate of Conversion, Artic lorida Profit Corporation" in	cles of Incorporation accordance with s	on, and	fees are submitted to convert an 115, F.S.	"Other Business
	correspondence concerning t				
_	Helen S. Atter, Esq.				
	Contact Person		_		
	Liles Gavin P.A.				
	Firm/Company		_		
	301 West Bay Street, Suite 1	030			
	Address		_		
	Jacksonville, Florida 32202				•
	City, State and Zip Co	de	-		
	julie@juliebettinger.com				
E-mail addre	ess: (to be used for future and	nual report notifica	tion)		
or further inform	ation concerning this matter,	please call:			
	olen Atter	904 at (634	-1100	
Name	of Contact Person		ode and	Daytime Telephone Number	
inclosed is a chec	k for the following amount:				
\$105.00 Filing I	Fees S113.75 Filing Fees and Certificate of Status	☐\$113.75 Filing and Certified Co	g Fees Py	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
TREET ADDRE lew Filings Section sivision of Corporalifton Building fold Executive Control of the	n ations nter Circle) 	New Fi Divisio ⁷ . O. B	ING ADDRESS: lings Section n of Corporations ox 6327 ssee, FL 32314	17.0CT 1.0 188

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.

est pot atton 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:
JSB WRITER LLC (/15/8X)3Q1QQ
Enter Name of Other Business Entity
2. The "Other Business Entity" is a fimited 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 ofFlorida
(Enter state, or if a non-U.S. entity, the name of the country) OnAugust 15, 2015
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: Not Applicable
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> JSB WRITER INC.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be issted as the document's effective date on the Department of State's records.
Page 1 of 2

17 OCT 10 PH 2:50

Signed thisday ofOctober	, 20_17	
Required Signature for Florida Profit Corporati		
Signature of Chairman, Vice Chairman, Director, Of Incorporator: Julie S. Bettinger Title: Pless	fficer, or, if Directors or Officers have not been selected	ed, an
Required Signature(s) on behalf of Other Busines	ss Entity: (See below for required cionaturate) 1	•
Signature: Julie S. Bettinger Printed Name: Julie S. Bettinger		
Printed Name: Julie S. Bettinger	Title:Manager	
Signature:		
Printed Name:		
Signature:		
Printed Name:		
Signature:		
Printed Name:		
Signature:		
Printed Name:		
Signature:		
Printed Name:	Title:	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.		
<u>If Florida Limited Partnership or Limited Liability</u> Signatures of <u>ALL</u> General Partners.	Limited Partnership:	
If Florida Limited Liability Company; Signature of a Member or Authorized Representative.		~ -
All others: Signature of an authorized person.		01 100 110 (See 1997)
Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	TOPH 2:50

Page 2 of 2

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

ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
Principal street address	Mailing address, if different is:	
910 DOGWOOD HILL	PO BOX 13735	
TALLAHASSEE, FLORIDA 32308	TALLAHASSEE, FLORIDA 32317	
RTICLE III PURPOSE		
he purpose for which the corporation is organized in	s:	
NY LAWFUL ACTIVITY		
		
		_
		
		-
		- <u> </u>
RTICLE IV SHARES e number of shares of stock in:		- <u> </u>
e number of shares of stock is:		
RTICLE V INITIAL OFFICERS AND/OR D	DIRECTORS	
RTICLE V INITIAL OFFICERS AND/OR D me and Title: THE S. BETTINGER, DIRECTOR/PR	ue.	17.0
e number of shares of stock is:	ES. Name and Title:	17 OCT
RTICLE V INITIAL OFFICERS AND/OR D me and Title: 1910 DOCWOOD WALL	ue.	17 0CT 10
me and Title: JULIE S. BETTINGER, DIRECTOR/PR. dress: TALLAHASSEE, FLORIDA 32308	ES. Name and Title:Address:	- P
me and Title: JULIE S. BETTINGER, DIRECTOR/PR. dress: TALLAHASSEE, FLORIDA 32308	ES. Name and Title:Address:	O PM 2
me and Title: TALLAHASSEE, FLORIDA 32308 re number of shares of stock is: 1910 DOGWOOD HILL TALLAHASSEE, FLORIDA 32308	ES. Name and Title: Address: Name and Title:	O PM 2
the number of shares of stock is: CTICLE V INITIAL OFFICERS AND/OR Description State of the stock is: JULIE S. BETTINGER, DIRECTOR/PR 1910 DOGWOOD HILL TALLAHASSEE, FLORIDA 32308 The and Title: State of the stock is: Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.	ES. Name and Title: Address: Name and Title: Address:	- P
TALLAHASSEE, FLORIDA 32308 me and Title: TALLAHASSEE, FLORIDA 32308 me and Title:	ES. Name and Title: Address: Name and Title: Address:	0 PM 2: 50
me and Title: TALLAHASSEE, FLORIDA 32308 me and Title: dress: dress:	ES. Name and Title: Address: Name and Title: Address:	0 PM 2: 50

ARTICI	E VI REGISTERED AGENT	
the <u>nam</u> e	e and Florida street address (P.O. Box NO	Γ acceptable) of the registered agent is:
Name:	JULIE S. BETTINGER	
Address;	1910 DOGWOOD HILL	
	TALLAHASSEE, FLORIDA 32308	
ARTICL		
The <u>name</u>	and address of the Incorporator is:	
Name:	JULIE S. BETTINGER	
Address:	1910 DOGWOOD HILL	
	TALLAHASSEE, FLORIDA 32308	
******	**************	****
Having be this certific	en named as registered agent to accept serv cate, I am familiar with and accept the appo	ice of process for the above stated corporation at the place designated in intment as registered agent and agree to act in this capacity
$(\ \)$	Weiss States	Was and agree to act in this capacity
	icus. Clinica,	OCTOBER 9, 2017
U	Required Signature/Registered Agent	Date
I submit th	is document and affirm that the facts stated	herein are true. I am aware that any false information submitted in a
aocument (to the Department of State constitutes a thire	I degree felony as provided for in s.817.155, F.S.
	whe). Dedrugh	OCTOBER 9, 2017
V	Required Signature/Incorporator	Date

17 OCT 10 PH 2: 50