

P17000089326

(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:

Per the suggestion of  
Suzanne in regard of stock.  
Customer listed 5 shares.

Office Use Only



900305446489

11/07/17--01021--001 \*\*105.00

RECEIVED  
17 NOV - 7 PM 19:58

COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: Lee Allred LLC  
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:

BOBBY Allred  
Contact Person

Lee Allred LLC  
Firm/Company

3050 springcreek Hwy  
Address

crawfordville Fla 32327  
City, State and Zip Code

None  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

pam Allred at ( 850 ) 926-4797  
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 ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,  
and Certificate of Status and Certified Copy 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**

2017-7-15

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:

Lee Allred LLC L150000086043  
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 Fla.  
(Enter state, or if a non-U.S. entity, the name of the country)

on 5-15-2015  
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:

Fla.

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Lee Allred LLC 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 listed as the document's effective date on the Department of State's records.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Required Signature for Florida Profit Corporation:**

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

Incorporator: Bobby Allred  
Printed Name: BOBBY Allred Title: president

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

Signature: Bobby Allred

Printed Name: BOBBY Allred 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.

**If 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: Lee Allred Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

3050 springcreek Hwy  
crawfordville Fla 32327

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

So if I Decide to have a partner I'll Be Legal

**RTICLE IV SHARES**

he number of shares of stock is:

5

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

me and Title: BOBBY Allred Pres. Name and Title: \_\_\_\_\_

dress: 3050 springcreek Hwy Address: \_\_\_\_\_  
crawfordville Fla 32327

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

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

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: BOBBY Allred

Address: 3050 springcreek Hwy  
Crawfordville Fla 32327

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BOBBY Allred

Address: 3050 springcreek Hwy  
Crawfordville Fla 32327

\*\*\*\*\*

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:

Bobby Allred  
Required Signature/Registered Agent

11-7-17  
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.

Bobby Allred  
Required Signature/Incorporator

11-7-17  
Date