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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

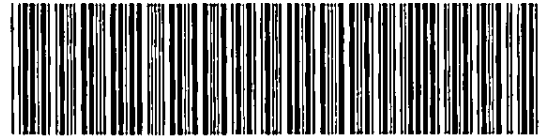
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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THE UNIVERSITY OF CHICAGO

T. BURCH

DEC 27 2017

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Thrive Law, PA

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:

Jamie Marcario

Contact Person

Thrive Law, PA

Firm/Company

2260 Fifth Avenue South, Suite 1

Address

St. Petersburg, FL 33712

City, State and Zip Code

jamie@uncommonlegal.com

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

For further information concerning this matter, please call:

Jamie Marcario

at (727) 254-7798

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

FREE ADDRESS:

New Filings Section
Division of Corporations
Hilton Building
61 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:

Thrive Law, PLLC

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 10/30/2017

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**:

Thrive Law, PA

Enter Name of Florida Profit Corporation

If not effective on the date of filing, enter the effective date: 01/01/2018

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 used as the document's effective date on the Department of State's records.

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17 DEC 26 AM 10:04
CLERK OF COURT
JANUARY 26, 2018
CLERK OF COURT
JANUARY 26, 2018

Signed this 19th day of December, 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: Jamie Marcario

Printed Name: Jamie Marcario Title: CEO and President

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

Signature: Jamie Marcario, 1

Printed Name: Jamie Marcario Title: CEO and 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: Thrive LLC, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address
2260 Fifth Avenue South, Suite 1

St. Petersburg, FL 33712

Mailing address, if different is:
Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to deliver professional services, namely legal services.

ARTICLE IV SHARES

number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jamie Moore Marcario, CEO, Pres, Treas, Sec

Address: 2260 Fifth Avenue South, Suite 1

St. Petersburg, FL 33712

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Jamie Moore Marcario
Address: 2260 Fifth Avenue South, Suite 1
St. Petersburg, FL 33712

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jamie Marcario
Address: 2260 Fifth Avenue South, Suite 1
St. Petersburg, FL 33712

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17 DEC 26 AM 10:04
TALLAHASSEE, FLORIDA

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

12/19/2017
Date

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

12/19/2017
Date