

P18000029116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

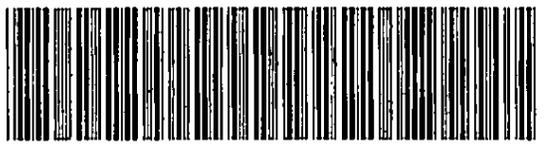
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300310807703

03/23/18--01019--015 **122.50

FILED
18 MAR 23 AM 10:03
CLERK (ACT) OF COURT
JILL STEVENS, CLERK

MAR 29 2018
T SCHROEDER

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Timothy H. Sennett, P.A.
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:

Timothy H. Sennett

Contact Person

Timothy H. Sennett, P.A.

Firm/Company

P.O. Box 491308

Address

Leesburg, Florida 34749

City, State and Zip Code

tim@sennett.com

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

For further information concerning this matter, please call:

Tim Sennett

Name of Contact Person

at (352.516.6848

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:

Timothy H. Sennett, LLC

LiLe-35230

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)

9/5/1984

on

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:

Florida

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

Timothy H. Sennett, P.A.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: March 20, 2018

(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.

FILED
18 MAR 23 AM 10:04
OFFICE OF THE CLERK
STATE OF FLORIDA
TALLAHASSEE, FL 32399

Signed this 20th day of March, 2018.

Required Signature for Florida Profit Corporation:

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

Incorporator: Timothy H. Sennett
Printed Name: Timothy H. Sennett Title: President

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

Signature: Timothy H. Sennett

Printed Name: Timothy H. Sennett Title: President

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)

18 MAR 23 AM 10:04
 FILED
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

Timothy H. Sennett, P.A.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

9668 N. US Hwy 301, Suite 1200

P. O. Box 491308

Wildwood, Florida 34785

Leesburg, Florida 34749

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real estate sales & leasing

ARTICLE IV SHARES

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Timothy H. Sennett, President Name and Title: _____

Address: P.O. Box 491308 Address: _____

Leesburg, Florida 34749 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
18 MAR 23 AM 10:04
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF LEESBURG, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Timothy H. Sennett
Address: 9668 N US Hwy 301, Suite 1200
Wildwood, Florida 34785

ARTICLE VII INCORPORATOR

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

Name: Timothy H. Sennett
Address: P.O. Box 491308
Leesburg, Florida 34749

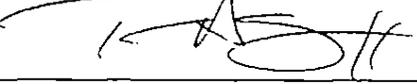
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

3/20/18
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

3/20/18
Date

FILED
18 MAR 23 AM 10:04
STATE OF FLORIDA
DEPARTMENT OF STATE