

P18000031899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

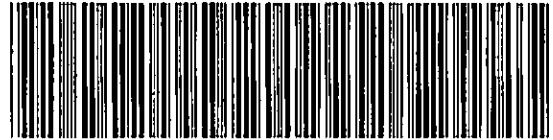
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300310752183

03/22/18--01027--027 **113.75

FILED
18 APR -4 AM 10:46
REGISTRY OF STOCK
AND BONDS, FLORIDA

APR 09 2018
T SCHROEDER

COVER LETTER

TO: Charter Section *
Division of Corporations

SUBJECT: KIDS CORNER BEHAVIOR SERVICES 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:

Yvonne Rodriguez

Contact Person

Kids Corner Behavior Services Inc

Firm/Company

4167 Key Colony Place

Address

Kissimmee, FL 34746

City, State and Zip Code

officeservice101@gmail.com

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

For further information concerning this matter, please call:

Yvonne Rodriguez

at (305) 498-9760

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 and Certified Copy Certified Copy, and
Status 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:

KIDS CORNER BEHAVIOR SERVICES LLC 617-112290

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 05/20/2017

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**:

KIDS CORNER BEHAVIOR SERVICES INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 03/16/2018

(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 APR -4 AM 10:47
ST. JOHNS COUNTY
CLERK OF CIRCUIT COURT

Signed this 13 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: _____

Printed Name: Yvonne Rodriguez Title: Vicepresident

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

Signature: _____

Printed Name: Yvonne Rodriguez Title: MGR/D

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.

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)

FILED
18 APR -4 AM 10:47
2024 APR 11 11:51 AM
CLERK OF CIRCUIT COURT
IN AND FOR THE STATE OF FLORIDA

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: KIDS CORNER BEHAVIOR SERVICES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

4167 Key Colony Place

Kissimmee, FL 34746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adriana Curbelo - President

Address: 4167 Key Colony Place

Kissimmee, FL 34746

Name and Title: Yvonne Rodriguez - Vicepresident

Address: 4167 Key Colony Place

Kissimmee, FL 34746

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
18 APR -11 AM 10:47
CLERK OF DISTRICT COURT
JESSIE E. BARNES
TALLAHASSEE, FL 32301

ARTICLE VI REGISTERED AGENT

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

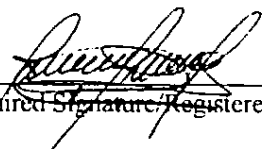
Name: Yvonne Rodriguez
Address: 4167 Key Colony Place
Kissimmee, FL 34746

ARTICLE VII INCORPORATOR

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

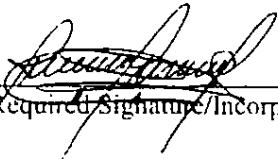
Name: Yvonne Rodriguez
Address: 4167 Key Colony Place
Kissimmee, FL 34746

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

03/16/2018
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

03/16/2018
Date

FILED
18 APR -4 AM 10:47
DEPT. OF STATE
PH. 813.763.1100