

P180000035928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

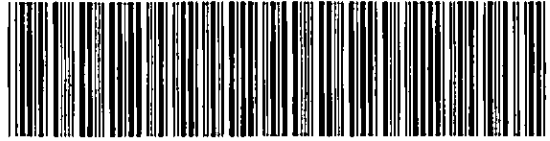
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SUGAR CREEK
TALLAHASSEE, FL

1004-35688

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Nicholas Bejelis, 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:

Nicholas Bejelis

Contact Person

Firm/Company

1768 Maple Ave

Address

FORT MYERS, FL 33901

City, State and Zip Code

bejelis@gmail.com

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

For further information concerning this matter, please call:

Nicholas Bejelis

at (239) 470-5855

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

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

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18 APR 18 PM 7:10
TALLAHASSEE, FL
SECRETARY OF STATE

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:

Bejelis Group LLC

L17-137436

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 6/23/2017

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:

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

Nicholas Bejelis, PA

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 1/1/18

(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.

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SECRETARY OF STATE
TALLAHASSEE, FL

Signed this 16 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: Nicholas Bejels Nicholas Bejels
Printed Name: Nicholas Bejels Title: Authorized Representative

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

Signature: Nicholas Bejels
Printed Name: Nicholas Bejels Title: Authorized Representative

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

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TALLAHASSEE, FL

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)

ARTICLE VI REGISTERED AGENT

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

Name: POWELL, JACKMAN, STEVENS & RICCIARDI, P.A.

Address: 4575 VIA ROYALE Suite 200

FORT MYERS, FL 33919

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

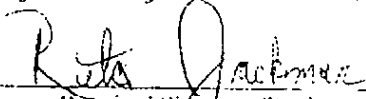
Name: Nicholas Bejalis

Address: 1768 Maple Ave

Fort Myers, FL 33901

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18 APR 18 PM 7:11
TALLAHASSEE, FL
STATE DEPARTMENT OF REVENUE

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

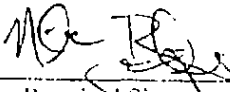


Required Signature/Registered Agent

3/16/2018

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

3/16/2018

Date

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: Nicholas Bejelis, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

1768 Maple Ave

Fort Myers, FL 33901

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Practice real estate.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nicholas Bejelis Officer

Name and Title: _____

Address: 1768 Maple Ave

Address: _____

Fort Myers, FL 33901

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
18 APR 18 PM 7:11
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE VI REGISTERED AGENT

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

Name: POWELL, JACKMAN, STEVENS & RICCIARDE, PA

Address: 4575 VIA ROYALE Suite 200

FORT MYERS, FL 33919

ARTICLE VII INCORPORATOR

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

Name: Nicholas Bejelis

Address: 1768 Maple Ave

Fort Myers, FL 33901

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SECRETARY OF STATE
TALLAHASSEE, FL

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Required Signature/Registered Agent

3/16/2018

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

3/16/2018

Date