# P18000093123

(Requesto	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Docume)	nt Number)
Certified Copies	Certificates of Status
Consist Instructions to Filips	O#:
Special Instructions to Filing	Officer:

Office Use Only



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SECRETARY OF STATE
FALL AHASSEEL FLORIDA

JUN 1 5 2018 T SCHROEDER

### **COVER LETTER**

TO: Charter Section Division of Corporations		
SUBJECT: H. Stephen Stanwick P.A.		
30500C1	Name of Resulting Flo	orida Profit Corporation
The enclosed Certificate of Conversi Entity" into a "Florida Profit Corpora		ation, and fees are submitted to convert an "Other Business h s. 607.1115, F.S.
Please return all correspondence con	cerning this matter to:	
H. Stephen Stanwick		
Contact	Person	<del></del>
H. Stephen Stanwick P.A.		
Firm/Co.	mpany	<del></del>
2424 N. Federal Hwy. suiet 150		
Addr	ress	<del></del>
Boca Raton Fl. 33431		
City, State ar	nd Zip Code	<u></u>
stephenstanwick@gmail.com		
E-mail address: (to be used for	future annual report noti	fication)
For further information concerning the	his matter, please call:	
Stephen Stanwick	at (	921-0284
Name of Contact Person	· · · · · · · · · · · · · · · · · · ·	ea Code and Daytime Telephone Number
Enclosed is a check for the following	; amount:	
■ \$105.00 Filing Fees □\$113.75 F and Certifica Status		
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: New Filings Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301

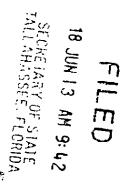
## Certificate of Conversion For "Other Business Entity" Into

### Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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:
Stanwick & Associates LLC. L14 - 7 WS 23
Enter Name of Other Business Entity
2. The "Other Business Entity" is a H. Stephen Stanwick P.A.  (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 10/31/16  (Enter state, or if a non-U.S. entity, the name of the country)
H. Stephen Stanwick 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:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>
H. Stephen Stanwick P.A.
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.

Page 1 of 2



Signed thisday of	. 202018	<u></u> •	
Required Signature for Florida Profit Corporation			
Signature of Chairman, Vice Chairman, Director, Off Incorporator: H. Stephen Stanwick Printed Name: H. Stephen Stanwick Title: President		ve not been selec	eted, an
Required Signature(s) on behalf of Other Busines	s Entity: [See below for required s	ignature(s).]	
Signature: 25			
Printed Name: H. Stephen Stanwick	Title: President		
Signature: 21 Stock St			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:		—————————————————————————————————————	18 JUN 7
Printed Name:	Title:	IAR)	3 7
Signature:			⊋ <u>im</u>
Printed Name:	Title:	——————————————————————————————————————	_9: <del>1</del> .5
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	DA F	<b>N</b>
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:		
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	<b>2</b> .		
All others: Signature of an authorized person.			
Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)		

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

ARTICLE I NAME H. Stephen Stanwick P.	.А.
The name of the corporation shall be:  H. Stephen Stanwick P.	
ARTICLE II PRINCIPAL OFFICE	1 POALTY Seince
The principal place of business/mailing address is:	Leller Williams
	ATIN 14. 37 eg has 2 min
Principal street address 8100 W. 87th Street Unit 3F	LellerWilliams Realty Seences ATTN H. Stephen Stanwick Mailing address, if different is: 2424 N. Federal Hay Sout 15 BOCA RATON FL. 33431
Hickory Hills, Illinois 60457	7 / 1 5 -5 12/
nickory runs, muios 00437	DOCA KATON, +4. 33431
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
•	
This is for selling and buying real estate.	
	***
	<u>≱</u>
	NSS IS
ARTICLE IV SHARES 1000	1.60 1.60 1.60 1.60 1.60 1.60 1.60 1.60
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIR	PECTORS (\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
President: H. Stephen Stanwick	BOTONS
Name and Title:	Name and Title:
2424 N Federal Hwy. Suict 150	Address:
Boca Raton, Fl. 33431	
Poca Katon, 17, 33431	
Name and Title:	Name and Title:
Name and Troc.	
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:
Address:	

H. Stephen Stanwick	
2424 N. Ferderal Hwy, suiet 150	
Boca Raton Fl. 33431	
VII INCORPORATOR	
and address of the Incorporator is:	
H. Stephen Stanwick	
2424 N. Federal Hwy. suiet 150	
Boca Raton FL. 33431  *********************************	of segistered agent and agree to act in this capacity
**************************************	of registered agent and agree to act in this capacity  06-06-2018  Date  The true. I am aware that any false information s
n named as registered agent to accept service of proate, I am familiar with and accept the appointment of Required Signature/Registered Agent is document and affirm that the facts stated herein	of registered agent and agree to act in this capacity  06-06-2018  Date  The true. I am aware that any false information s