

P18000085594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

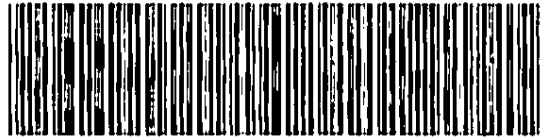
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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18 JUN 22 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 25 2018  
T SCHROEDER

**COVER LETTER**

TO: Charter Section  
Division of Corporations

SUBJECT: ARNOLD'S PRODUCE 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:

ELEANOR AMIDON  
Contact Person

Firm/Company

10127 4TH STREET EAST  
Address

TREASURE ISLAND FL 33706  
City, State and Zip Code

amidon342@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELEANOR AMIDON at (617) 827-0547  
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

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:

ARNOLD'S PRODUCE INC.  
Enter Name of Other Business Entity

2. The "Other Business Entity" is a CORPORATION  
(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 MASSACHUSETTS  
(Enter state, or if a non-U.S. entity, the name of the country)

on JULY 13, 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:

ARNOLD'S PRODUCE INC.  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 4/1/2018.  
(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.

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Signed this 7TH day of JUNE, 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: Eleanor Amidon

Printed Name: ELEANOR AMIDON Title: PRESIDENT

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

Signature: Eleanor Amidon

Printed Name: ELEANOR AMIDON Title: 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.

**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)

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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: ARNOLD'S PRODUCE INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address  
10127 4TH STREET EAST  
TREASURE ISLAND, FL 33706

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE A BROKERAGE SERVICE OF AGRICULTURAL  
PRODUCTS.

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELEANOR AMIDON, PRESIDENT

Address: 10127 4TH STREET EAST  
TREASURE ISLAND FL 33706

Name and Title: ARNOLD AMIDON, TREASURER

Address: 10127 4TH STREET EAST  
TREASURE ISLAND FL 33706

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: ELEANOR AMIDON

Address: 10127 4TH STREET EAST  
TREASURE ISLAND, FL 33706

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ARNOLD AMIDON

Address: 10127 4TH STREET EAST  
TREASURE ISLAND, FL 33706

\*\*\*\*\*

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

Eleanor Amidon  
Required Signature/Registered Agent

June 18 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.

Arnold Amidon  
Required Signature/Incorporator

6/18/2018  
Date

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