

P1800057574

(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 25 PM 6:33
SEDA
ATTORNEY

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: JENNIFER BUZZELLI, 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:

JENNIFER BUZZELLI

Contact Person

JENNIFER BUZZELLI, P.A.

Firm/Company

6933 DESERT INN TERRACE

Address

LAKE WORTH, FL 33463

City, State and Zip Code

JEN@PALMBEACHMILLIONDOLLARLISTINGS.COM

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

For further information concerning this matter, please call:

JENNIFER BUZZELLI at (561) 396-8333

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 JUN 25 PM 6:33
Tallahassee, FL

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:

JENNIFER BUZZELLI LLC L1500000561
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 01/02/2015
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**:

JENNIFER BUZZELLI, P.A.
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 05/07/2018

(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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FALL AVE

Signed this 7TH day of MAY, 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: JENNIFER BUZZELLI

Printed Name: JENNIFER BUZZELLI Title: PRESIDENT

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

Signature: Jennifer Buzzelli

Printed Name: Jennifer Buzzelli 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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JENNIFER BUZZELLI

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: JENNIFER BUZZELLI P.A

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address <u>6933 DESERT INN TERRACE</u> <u>LAKE WORTH, FL 33463</u> _____ _____	Mailing address, if different is: _____ _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE CORPORATION MAY ENGAGE IN THE SALES AND RENTAL OF REAL ESTATE.

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CLERK OF DISTRICT COURT
JAN 1 2016

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES OF COMMON STOCK HAVING A \$1.00 PAR VALUE PER SH.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>JENNIFER BUZZELLI - PRESIDENT</u> Address: <u>6933 DESERT INN TERRACE</u> <u>LAKE WORTH, FL 33463</u> _____ _____ Name and Title: _____ Address: _____ _____ Name and Title: _____ Address: _____ _____	Name and Title: _____ Address: _____ _____ Name and Title: _____ Address: _____ _____
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ARTICLE VI REGISTERED AGENT

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

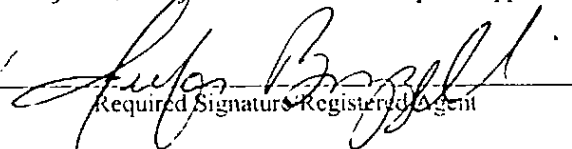
Name: JENNIFER BUZZELLI
Address: 6933 DESERT INN TERRACE
LAKE WORTH, FL 33463

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

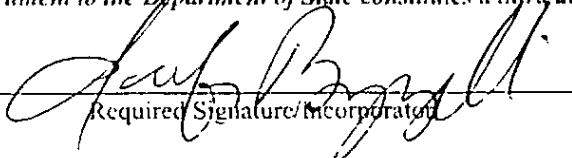
Name: JENNIFER BUZZELLI
Address: 6933 DESERT INN TERRACE
LAKE WORTH, FL 33463

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

05/07/2018
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

05/07/2018
Date

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-ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED-