P18000091551

(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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2018 NOV -1 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Lance Atwood Insurance Agency 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:

Lance Atwood
Contact Person

State Farm
Firm Company

13035 Phillips Highway Suite 6
Address

Jacksonville, FL 32256
City, State and Zip Code

lance.atwood.wkbr@statefarm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lance Atwood at (386) 986-7674
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ $105.00 Filing Fees ☐ $111.75 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:

LANCEATWOOD INSURANCE LLC
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
(State, or if a non-U.S. entity, the name of the country)

on 01/05/2017
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:**

Lance Atwood Insurance Agency Inc
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.

FILED
2018 NOV -1 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FL

Signed this 20 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: Lance Atwood Title: Owner

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

Signature:

Printed Name: Lance Atwood Title: Owner

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)

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: Latitude Assured Insurance Agency Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address:
11035 Phillips Highway Suite 1
Jacksonville, FL 32256

Mailing address, if different:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance Agent

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Latitude Assured - President

Address: 1805 Estrada Court
Saint Augustine, FL 32259

Name and Title:

Address:

Name and Title:

Address:

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: Lance Atwood

Address: 1505 Remuda Court

Saint Augustine FL 32266

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Lance Atwood

Address: 1505 Remuda Court

Saint Augustine FL 32266

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 — Date: 3-20-18

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 — Date: 3-20-18