

P1800098685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

M MOON  
DEC 05 2018



900321196399

11/30/18--01020--006 \*\*113.75

FILED  
18 NOV 30 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Bob Dotson 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:

Dane Stanish, Esq.

\_\_\_\_\_  
Contact Person

Law Offices of Dane Stanish, P.A.

\_\_\_\_\_  
Firm/Company

3475 Sheridan Street, Suite 209

\_\_\_\_\_  
Address

Hollywood, FL 33021

\_\_\_\_\_  
City, State and Zip Code

stanishd@gmail.com

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

For further information concerning this matter, please call:

Dane Stanish

at ( 954 ) 923-0524

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$105.00 Filing Fees | <input checked="" type="checkbox"/> \$113.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,<br>Certified Copy, and<br>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

**FILED**  
**18 NOV 30 PM 12:32**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**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:

Bob Dotson Insurance Agency, 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 Kentucky  
(Enter state, or if a non-U.S. entity, the name of the country)

on June 12, 1998  
\_\_\_\_\_  
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**:

Bob Dotson Insurance Agency, Inc.

\_\_\_\_\_  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: January 1, 2019

(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  
18 NOV 30 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 28 day of November, 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: x Robert L. Dotson

Printed Name: Robert L. Dotson Title: Incorporator

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

Signature: x Robert L. Dotson

Printed Name: Robert L. Dotson 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)

FILED  
18 NOV 30 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Bob Dotson Insurance Agency, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

8971 S. Hollybrook Blvd.

Unit 110

Pembroke Pines, FL 33025

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:  
any and all lawful purposes.

**ARTICLE IV    SHARES**

The number of shares of stock is: 1,000

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Robert L. Dotson, President

Name and Title: Robert L. Dotson, Secretary/Treasurer

Address: 8971 S. Hollybrook Blvd., Unit 110

Address: 8971 S. Hollybrook Blvd., Unit 110

Pembroke Pines, FL 33025

Pembroke Pines, FL 33025

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
18 NOV 30 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Dane T Stanish, Esq.  
Address: 3475 Sheridan St., Suite 209  
Hollywood, FL 33021

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robert L. Dotson  
Address: 8971 S. Hollybrook Blvd., Unit 110  
Pembroke Pines, FL 33025

\*\*\*\*\*  
*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*

Dane T. Stanish  
Required Signature/Registered Agent

11/28/18  
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.*

Robert L. Dotson  
Required Signature/Incorporator

11/28/18  
Date

FILED  
18 NOV 30 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA