

P19000011375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

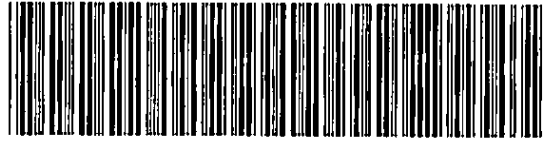
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19 FEB -4 PM 3:15
ADVISORY DIVISION
RECEIVED

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Jeannie Castor-Beunfield, PA.
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:

Jeannie Castor-Beunfield
Contact Person

Jeannie Castor-Beunfield LLC
Firm/Company

7900 NW 155th St, #107
Address

Miami Lakes, FL 33014
City, State and Zip Code

Jeannie Castor-Beunfield@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeannie Castor-Beunfield at (305) 985 0479
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 ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees.
and Certificate of Status and Certified Copy 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:

JEANNIE CASTOR-BRUMFIELD, PA

L17-202959

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 10/01/2017

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**:

JEANNIE CASTOR-BRUMFIELD, PA

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 01/01/2019

(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.

19 FEB -4 PM 3:15
STATE OF FLORIDA

Signed this 28th day of January, 2019

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: Jeanne Castor-Brumfield Title: President

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

Signature: _____

Printed Name: Jeanne Castor-Brumfield 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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 18502456804

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: JEANNIE CASTOR-BRUMFIELD, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

7900 NW 155TH ST,

#107

MIAMI LAKES, FL 33016

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATES SALES, PURCHASES, AND MANAGEMENT - AS AN AGENT FOR SELLERS, LANDLORDS,

BUYERS AND TENANTS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JEANNIE CASTOR-BRUMFIELD, PRES

Address: 7900 NW 155TH ST, #107

MIAMI LAKES, FL 33016

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

19 FEB -4 PM 3:15
NOTARIAL PUBLIC
JENNIFER L. BROWN
STATE OF FLORIDA

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

Name: JEANNIE CASTOR-BRUMFIELD
Address: 7900 NW 155TH ST, #107
MIAMI LAKES, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JEANNIE CASTOR-BRUMFIELD

Address: 7900 NW 155TH ST, #107
MIAMI LAKES, FL 33016

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

1/28/2019

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

1/28/2019

Date _____

19 FEB -6 PM 3:15