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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

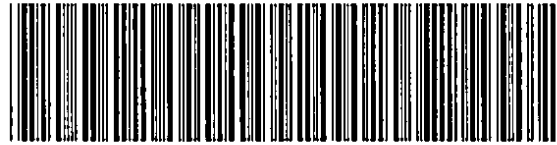
(Business Entity Name)

(Document Number)

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

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MAR 08 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 25, 2019

MARTHA A STRAWN  
PO BOX 2047  
HIGH SPRINGS, FL 32655

SUBJECT: STRAWNART INC  
Ref. Number: W19000018453

We have received your document for STRAWNART INC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page  
Regulatory Specialist II

Letter Number: 119A00003899

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** STRAWNART 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:

MARTHA A. STRAWN  
Contact Person

STRAWNART LLC  
Firm/Company

P O Box 2047  
Address

High Springs, FL 32655  
City/State and Zip Code

MSTRAWNART@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martha Strawn at (352) 283-2149 (LV message)  
Name of Contact Person Area Code and Daytime Telephone Number + ph. #

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

**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: STRAWNART Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

8490 NE 60<sup>th</sup> ST  
High Springs, FL 32643

P.O. Box 2047  
High Springs, FL 32655

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

for Sale of books, works of ART, and Consulting services

**ARTICLE IV SHARES**

The number of shares of stock is: ONE HUNDRED

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

Name and Title: Martha A. Strawn, Director Name and Title: William T. Lavham, Sec/Treasurer

Address: P.O. Box 2047  
High Springs, FL 32655

Address: P.O. Box 2047  
High Springs, FL 32655

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

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

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

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

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

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

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

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

**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:

STRAWNART 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, U.S.A.  
(Enter state, or if a non-U.S. entity, the name of the country)

on February 29, 2008  
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**:

STRAWNART 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.

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19 MAR -7 AM 6:41  
TALLAHASSEE, FLORIDA

Signed this 2 day of February, 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: Martha A. Strawn

Printed Name: MARTHA A. STRAWN Title: DIRECTOR/AGENT

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

Signature: Martha A. Strawn

Printed Name: MARTHA A. STRAWN Title: DIRECTOR/AGENT

Signature: [Signature]

Printed Name: William L. LATAM Title: Sec/Treasurer

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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MAR 7 2019  
19 MAR -7 AM 6:41  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: MARTHA A. STRAWN

Address: 8490 NE 160 ST.  
High Springs, FL 32643 } no mail  
recieved  
at this address

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARTHA A. STRAWN

Address: PO Box 2047  
High Springs, FL 32655

\*\*\*\*\*  
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

Martha A. Strawn  
Required Signature/Registered Agent

2/13/2019  
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.

Martha A. Strawn  
Required Signature/Incorporator

2/13/2019  
Date

19 MAR -7 AM 6:41  
DOH, FLORIDA