P19000037411

(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:	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
Certified Copies Certificates of Status	(Business Entity Name)
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
	Special Instructions to Filing Officer:

Office Use Only



300328263953

04/26/19--01023--016 **105.00

JIVISION OF CORPORATION

C RICO APR 2 6 2019



COVER LETTER -

	Charter SectionDivision of Corporations					
SUBJE	CT: Cent	er of Attention Preschool and	Children's Center Inc			
Name of Resulting Florida				Corporation		
		ate of Conversion, Article a Profit Corporation" in a		ees are submitted to convert an "(15, F.S.	Other Bus	siness
Please re	eturn all corre	espondence concerning thi	s matter to:			
Vick	i Treadwell					
		Contact Person				
		Firm/Company			<u></u>	SIAID 3S
823	Florida Ave				APR 2	JO NOISIAID VI SKUBS
	<u> </u>	Address			25 A	200 3 X X
St C	Cloud FL 34769)			ANTH: 45	Power of the Power
		City, State and Zip Cod	e		ဟ	Ţ,
cer	nterofattentionp	oreschool@aol.com				
E-1	mail address:	(to be used for future ann	ual report notification)			
For furth	ner informatio	on concerning this matter,	please call:			
Vick	i Treadwell		at (802) 4	73-2293		
Name of Contact Person A			Daytime Telephone Number			
Enclosed	d is a check fo	or the following amount:				
፟ \$105.	00 Filing Fee	s S113.75 Filing Fees and Certificate of Status	☐\$113.75 Filing Fees and Certified Copy	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status		
New Fili Division Clifton F 2661 Exc	T ADDRESS ings Section of Corporation of Corporation suilding ecutive Centersee, FL 3230	ons er Circle	New F Division P. O. F	ING ADDRESS: Glings Section on of Corporations Box 6327 assee, FL 32314		

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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:
Center of Attention Preschool and Children's Center LLC
Enter Name of Other Business Entity
2. The "Other Business Entity" is a Limited Liability Company LJ4000165322 (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
on 10/22/2014
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: Florida
rionda
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>
Center of Attention Preschool and Children's Center 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.

Page 1 of 2

Signed this 13 day of April	. 20 19
Required Signature for Florida Profit Corporation:	
Signature of Chairman, Vice Chairman, Director, Offic Incorporator: Printed Name: Vicki Treadwell Title: Pre	er. or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business E	Entity: [See below for required signature(s).]
Signature: _ Oin June	
Printed Name: Vicki Treadwell	Title:Manager
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title: 55
Signature:	Title:
Printed Name:	Title:
Signature:	Title:
Printed Name:	Title: ភ័ក ខ្លុំក
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability	Limited Partnership:
Signatures of <u>ALL</u> 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

\$70.00

\$8.75 (Optional) \$8.75 (Optional)

Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: Center of A	Attention Preschool and Children's Center Inc
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address 1207 Vermont Ave	Mailing address, if different is: 1207 Vermont Ave
St Cloud FL 34769	St Cloud FL 34769
	Ü
	<u></u>
ARTICLE III PURPOSE	ω, •>
The purpose for which the corporation is organized is:	
Any and all Legal business	
	<u> </u>
ARTICLE IV SHARES	
The number of shares of stock is: 100	
ARTICLE V INITIAL OFFICERS AND/OR D	SIDECTODS
Name and Title: Vicki Treadwell - President	Name and Title:
Address: 823 Florida Ave	Address:
St Cloud FL 34769	
Name and Title:	
rvane and rive.	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

ARTICLI	E VI REGISTERED AGENT	
The name	and Florida street address (P.O. Box	NOT acceptable) of the registered agent is:
Name:	Columna Agency Inc	
Address:	221 S John Young Parkway	
	Kissimmee FL 34741	<u> </u>
ARTICLE		
The <u>name</u>	and address of the Incorporator is:	
Name:	Vicki Treadwell	
Address:	823 Florida Ave	-
	Saint Cloud FL 34769	-
***	***	******
Having bed	en named as registered agent to accept	service of process for the above stated corporation at the place designated is appointment as registered agent and agree to act in this capacity
		4/13/15
	Required Signature/Registered Agent	Date
		tated herein are true. I am aware that any false information submitted in
document i	to the Department of State constitutes o	third degree felony as provided for in s.817.155, F.S.

JIVISION OF CORPUSATION

19 APR 26 ANTI-LE

4-13-19 Date