

P19000038762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

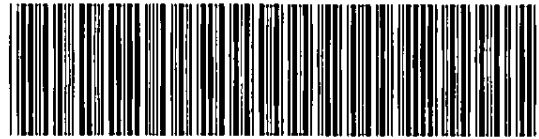
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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04/18/19--01022--007 **105.00

FILED
2019 MAY 10 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FL

J. FASON

MAY 10 2019

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Insurennet, 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:

Donald Sheffy

Contact Person

Insurennet, Inc.

Firm/Company

4179 Davie Road, Suite 200

Address

Davie, FL 33314

City, State and Zip Code

insurennet@outlook.com

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

For further information concerning this matter, please call:

Donald Sheffy

Name of Contact Person

at (954) 300-2316

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 and Certified Copy Certified Copy, and
Status 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

COVER LETTER

TO: Charter Section
Division of Corporations

Attn: Jessica FASON

SUBJECT: Insurennet, 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:

Donald Sheffy

Contact Person

Insurennet, Inc.

Firm/Company

4179 Davie Road, Suite 203

Address

Davie, FL 33314

City, State and Zip Code

insurennet@outlook.com

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

For further information concerning this matter, please call:

Donald Sheffy

at (954) 300-2316

Name of Contact Person

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Tallahassee, FL 32314

previously cashed
on 4/21/19
see attached

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:

DHSJR, 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

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

on 10/31/2014

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:

Broward

4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:

Insurennet, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 04/20/2019

(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
2019 MAY 10 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FL

Signed this 17th day of April, 20 19

Required Signature for Florida Profit Corporation:

Signature of ~~Chairman, Vice Chairman~~, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: Donald Sheffy Title: President

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

Signature: [Signature]

Printed Name: Donald Sheffy Title: MGR

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: Insurennet, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

4179 Davie Road, Suite 200

Mailing address, if different is:

same

Davie, FL 33314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance Agency

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donald Sheffy, President

Name and Title: _____

Address: 4179 Davie Road, Suite 200

Address: _____

Davie, FL 33314

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Donald Sheffy

Address: 4179 Davie Road, Suite 200

Davie, FL 33314

ARTICLE VII INCORPORATOR

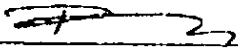
The name and address of the Incorporator is:

Name: Donald Sheffy

Address: 4179 Davie Road, Suite 200


Davie, FL 33314

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

4-17-19
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

4-17-19
Date