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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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(Document Number)		
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W19-41736



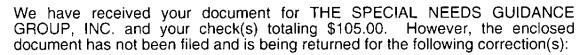
FLORIDA DEPARTMENT OF STATE Division of Corporations

April 29, 2019

SCARLETT KIBBEY 4950 APACHE AVE JACKSONVILLE, FL 32210

SUBJECT: THE SPECIAL NEEDS GUIDANCE GROUP, INC.

Ref. Number: W19000041736



Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

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.

Matthew T Moon Regulatory Specialist II Supervisor

Letter Number: 819A00008501

COVER LETTER

TO:	Charter Section Division of Co					
SUBJE	ECT: The	Special Need Name of	S G wdc Resulting Florida	<u>≥>C</u> Profit (e Group Try Corporation	2
		e of Conversion, Articles Profit Corporation" in ac	-		ees are submitted to conve 15, F.S.	rt an "Other Business
Please	return all corresp	oondence concerning this	s matter to:			
	Scarlet	Kibber Contact Person				TALL.
The	Special N	Seeds Guida Firm/Company	ece Grou	P,I	Nc.	AND AND
495	io Apache	Address				AM 10: 27
<u>Jac</u>	<u> </u>	le FL 322 City. State and Zip Code	10			
<u>Scar</u>	lett Fero -mail address: (t	Danail. com	nal report notificat	ion)		
For fur	ther information	concerning this matter, J	please call;			
_Se	Name of Co	ontact Person	at (<u>904</u>) Area Co		1 6 - 8594 Daytime Telephone Nun	nber
Enclos	ed is a check for	the following amount:				
Z \$10.	5.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing and Certified Co		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New F Division	ET ADDRESS: ilings Section on of Corporation Building executive Center] []	New Fi Divisio P. O. B	ING ADDRESS: illings Section on of Corporations lox 6327 assee, FL 32314	

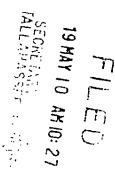
Tallahassee, FL 32301

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:
The Special Needs Gudance GROLD, LLC. Enter Name of Other Business Entity
2. The "Other Business Entity" is a <u>limited liability company</u> , limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Flanda (Enter state, or if a non-U.S. entity, the name of the country)
on Open 1, 2019
on Cope 1 2019 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:
The Special Needs Guidance GROUD INC.
The Special Needs Guidance GROUP, 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 Florid
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 12 day of Ope 0	. 20_19	
Required Signature for Florida Profit Corporation	<u>:</u>	
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Printed Name: Scarlet Shoe Title:	cer, or, if Directors or Officers have not b	een selected, an
Required Signature(s) on behalf of Other Business		
Signature: John Theller		_
Signature: Scar Ret F. Kibbey	Itile: 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 Signature of one General Partner.	Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of ALL. General Partners.	Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		19. SEC:
All others: Signature of an authorized person.		W IO
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	MAY 10 AM 10: 27

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: The Special	Needs Guidance GROWN INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
Principal street address 4950 Apacha Ave	Mailing address, if different is:
Jacksonville, FL 32210	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: To assist families w) spec PROCURING GOVERNMENT R	nal needs in locating and
procuring government ?	esources.
ARTICLE IV SHARES	SECRETARY I
The number of shares of stock is: 100	2° 0 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °
Name and Title: Scarlett Kibber Copper	Name and Title:
Address: 4950 Apache Ave	Address:
Jacksonville, Fl 32210	
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

ADMICU DITE. DECICADED ACENT	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name: Scarlett Kibbey	
Address: 4980 Apacha Ave	TALLES
Jacksonville, FL 32210	TICE STATE OF THE PROPERTY OF
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	ED MO2
Name: Scarlet Kibber	1. 27
Address: 4950 Apacha Ave	
Jacksonuille, Fl. 32210	
**************************************	***
Having been named as registered agent to accept service of process for the above stated corpo this certificate, I am familiar with and accept the appointment as registered agent and agree to	
Required Signature/Registered Agent 4 12 19 Date	
I submit this document and affirm that the facts stated herein are true. I am aware that any document to the Department of State constitutes a third degree felony as provided for in s.817.	
Required Signature/Incorporator A 12 9 Date	