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(Re	questor's Name)	
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PICK-UP	MAIT WAIT	MAIL
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(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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SECRETARY OF STATE

MAY 2 1 2019

K. Brumbley

COVER LETTER

Division of Corporations
SUBJECT: T Doug Helm S Inc. Name of Resulting Florida Profit Corporation
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:
Doug Helms Contact Person
T. Doug Helms Inc Firm/Company
7004 Sunrise Point Address
Ponama City F/ 32404 City. State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Doug Helms at (334) 355 - 0620 Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
□\$105.00 Filing Fees and Certificate of Status □\$113.75 Filing Fees and
STREET ADDRESS: New Filings Section New Filings Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion

For

"Other Business Entity"

lnto

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:
I = I = I = I = I = I = I = I = I = I =
Enter Name of Other Business Entity
2. The "Other Business Entity" is a $\angle DC$.
(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 Alahama
(Enter state, or if a non-U.S. entity, the name of the country) on $2-4-2009$
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:
<u> 119</u>
The name of the Fiorida Profit Corporation as set forth in the attached Articles of Incorporation: The name of the Fiorida Profit Corporation Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: \(\textstyle \textstyle \end{are}\) (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

FILED

2019 MAY -9 PH 3: 52

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Signed this 7 day of May		
Required Signature for Florida Profit Corporation		
Signature of Chairman, Vice Chairman, Diffector, Off Incorporator: 1000 Helm 5 Title: Properties of Printed Name: 1000 Helm 5 Title: Properties of Chairman, Diffector, Off Incorporator: 1000 Helm 5 Title: Properties of Chairman, Diffector, Off Incorporator: 1000 Helm 5 Title: Properties of Chairman, Diffector, Off Incorporator: 1000 Helm 5 Title: Properties of Chairman, Diffector, Off Incorporator: 1000 Helm 5 Title: Properties of Chairman, Diffector, Off Incorporator: 1000 Helm 5 Title: Properties of Chairman, Diffector, Off Incorporator: 1000 Helm 5 Title: Properties of Chairman, Diffector, Off Incorporator: 1000 Helm 5 Title: Properties of Chairman, Diffector, Off Incorporator: 1000 Helm 5 Title: Properties of Chairman, Diffector, Off Incorporator: 1000 Helm 5 Title: Properties of Chairman, Diffector, Off Incorporator: 1000 Helm 5 Title: Properties of Chairman, Diffettor, Off Incorporator: 1000 Helm 5 Title: Properties of Chairman, Diffettor, Off Incorporator: 1000 Helm 5 Title: Properties of Chairman, Diffettor, Off Incorporator: 1000 Helm 5 Title: Properties of Chairman, Diffettor, Off Incorporator: 1000 Helm 5 Title: Properties of Chairman, Diffettor, Off Incorporator: 1000 Helm 5 Title: Properties of Chairman, Diffettor, Off Incorporator: 1000 Helm 5 Title: Properties of Chairman, Diffettor, Off Incorporator: 1000 Helm 5 Title: Properties of Chairman, Diffettor, Off Incorporator: 1000 Helm 5 Title: Properties of Chairman, Diffettor, Off Incorporator: 1000 Helm 5 Title: Properties of Chairman, Diffettor, Off Incorporator: 1000 Helm 5 Title: Properties of Chairman, Diffettor, Off Incorporator: 1000 Helm 5 Title: Properties of Chairman, Diffettor, Off Incorporator: 1000 Helm 5 Title: Properties of Chairman, Off Incorporator: 1000 Helm 5 Title: Properties of Chairman, Off Incorporator: 1000 Helm 5 Title: 1000 Helm 5 Title	icer, or, if Directors or Officers have not been selected, an	
Required Signature(s) on behalf of Other Business	Entity: [See below for required signatura/s]]	
Signature Lohn		
Printed Name: T Doug Helms	_ Title: President	
Signature:		
Printed Name:		
Signature:		
Printed Name:		
Signature:		
Printed Name:		
Signature:		
Printed Name:		
Signature.		
Printed Name:	Title:	
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.		
If Florida Limited Partnership or Limited Liability 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: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

Page 2 of 2

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

The name of the corporation shall be: T Daug	Helms Inc
ARTICLE II PRINCIPAL OFFICE	<u> </u>
The principal place of business/mailing address is:	
Principal street address P1.	Mailing address, if different is:
Panama City FI	
32404	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
To Selling Insurance	e only
	•
ARTICLE IV SHARES	
The number of shares of stock is: 100	
ARTICLE V INITIAL OFFICERS AND/OR DIR	ECTORS
Name and Title: T. Doug Helm	
Address: 7004 Sunsise Pl.	
P = 0.1 E/2	aug 4
Name and Title: Kathy C Helms (Se	cretary) Name and Vile:
Address: 7004 Sunrise Pt.	
Ponama City F/32	404
Name and Title:	Name and Title:
Address:	Address:

ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box I	NOT acceptable) of the registered agent is:
Name: T. Doug Helms	
Address: 7004 Sunrise Pl.	
Panama City Fl 3	32404
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: T. Doug Helms	_
Address: 7004 Sunrise Pt	
Panama City, F/	<u>4</u> 04
*******	*******
	t service of process for the above stated corporation at the place designated in appointment as registered agent and agree to act in this capacity
I Don Medu	<u>5-7-2018</u> Date
Required signature/Registered Agent	Date
	stated herein are true. I am aware that any false information submitted in a a third degree felony as provided for in s.817.155, F.S.
Juff Jelin	5-7-2019 Date
Cquired Signature/Incorporator	Date