

P19000055207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

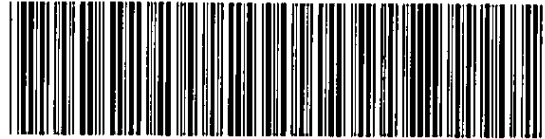
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/27/19--01009--021 **122.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 JUL 15 AM 5:50
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2019

ARENETTA JACOBS
21109 NW COUNTY RD, 235 A
ALACHUA, FL 32615

SUBJECT: STAFF ON DEMAND LLC
Ref. Number: W19000063296

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

PLEASE CORRECT NUMBER 4 IN THE CERTIFICATE OF CONVERSION.

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: 719A00013961

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: STAFF ON DEMAND 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:

ARENETTA JACOBS

Contact Person

STAFF ON DEMAND LLC

Firm/Company

21109 NW COUNTY RD 235A

Mailing Address

ALACHUA, FL 32615

City, State and Zip Code

arenettajacobs@gmail.com

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

For further information concerning this matter, please call:

ARENETTA JACOBS

Name of Contact Person

at (386) 588-0729

Area Code and Daytime Telephone Number

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

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:

STAFF ON DEMAND LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Liability Company (119-123931)
(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 05/07/2019

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:

FLORIDA, USA

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

STAFF ON DEMAND ~~LLC~~ Inc

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 05/07/2019

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.**)

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.

Amelia S. Wells
19 JUL 15 AM 5:50
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

01 JUL 15 PM 1:13
FILED
CLERK OF COURT
JUL 15 2019

Signed this 25th day of JUNE, 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: Arenetta Jacobs

Printed Name: Arenetta Jacobs Title: President

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

Signature: Arenetta Jacobs

Printed Name: Arenetta Jacobs Title: Manager

Signature: Asia Williams

Printed Name: Asia Williams Title: Authorized Person

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)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 JUL 15 AM 5:50
TALLAHASSEE, FLORIDA

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: Staff on Demand Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

3131 NW 13TH ST, STE 51

21109 NW COUNTY RD 235A

GAINESVILLE, FL 32609

ALACHUA, FL 32615

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide both temporary and permanent Staff for any health related facilities in the State of FL

SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 JUL 15 AM 5:50
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Arenetta Jacobs, President

Name and Title: Asia Williams, Chief Financial Officer & Secretary

Address: 21109 NW COUNTY RD 235A

Address: 507 SE 12TH ST

ALACHUA, FL 32615

GAINESVILLE, FL 32641

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: ARENETTA JACOBS

Address: 21109 NW COUNTY RD 235A
ALACHUA, FL 32615


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ARENETTA JACOBS

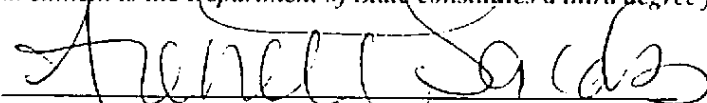
Address: 21109 NW COUNTY RD 235A
ALACHUA, FL 32615

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

6/25/19
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

6/25/19
Date

SECRETARY OF STATE
DIVISION OF CORPORATION
19 JUL 15 AM 5:50
TALLAHASSEE, FLORIDA