## P 900063471

(Re	equestor's Name)					
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PICK-UP	WAIT	MAIL				
(Bı	usiness Entity Nam	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
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## **COVER LETTER**

TÕ:	Charter Section Division of Co			
CUDU	,	Guardians of Dignity, Inc.		
SUBJ	EC1:		Resulting Florida Prof	it Corporation
Entity'	into a "Florida	Profit Corporation" in ac	cordance with s. 607.1	fees are submitted to convert an "Other Business 115, F.S.
Please	return all corres	pondence concerning this	s matter to:	
		Christine Lang		
		Contact Person		
		Guardians of Dignity		
		Firm/Company	<del></del>	
		P.O. Box 410611		
		Address		
		Melbourne, FL 3294	1	
		City, State and Zip Code	2	
		Christine@godignity.co	om	
F	-mail address: (1	o be used for future annu	ual report notification)	
For fu	rther information	concerning this matter,	please call:	
	Christine Lang		at ( 321 ) 290	D-9449
	Name of Co	ontact Person		nd Daytime Telephone Number
Enclos	sed is a check for	the following amount:		
<b>□</b> \$10	5.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	☐\$113.75 Filing Fee and Certified Copy	S\$122.50 Filing Fees, Certified Copy, and Certificate of Status
New F Division Cliftor 2661 F	ET ADDRESS: ilings Section on of Corporation Building Executive Center assee, FL 32301	ns Circle	New Divis P. O.	LING ADDRESS: Filings Section tion of Corporations Box 6327 hassee, 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:
Guardians of Dignity, LLC - L 8000 242689
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 10/15/2018
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 <u>attached Articles of Incorporation</u> :
Guardians of Dignity, 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	29	_day of	July	····			, 20 <u>19</u>	<del>-</del>		
Required Sign	ature fo	r Florida I	Profit Corpo	ration:						
Signature of Cl Incorporator: _ Printed Name:							or Officer	rs have no	t been se	lected, an
Printed Name;		o Lang	1 itie:	Chairma	11	_				
Required Sign				sipess En	tity: [S	ee belov	w for requi	red signat	ure(s).]	
Signature:	Sh.	ista	u St	ing		<del></del>	<del></del>			
Printed Name:	Chri	stine Lang			Title: _	Chief E	xecutive M	lember		
Signature:	A	t E	79	————————————————————————————————————		.,.				
Printed Name:	Stev	en Lang			Title: _	Membe	er_		<del></del>	
Signature:	· · · · · · · · · · · · · · · · · · ·	<u></u>				-				
Printed Name:					Title: _					
Signature:			<del></del>	<del></del> - <del></del>	· · · ·		· · · · · · · · · · · · · · · · · · ·			
Printed Name:		<del>-</del>		<u></u>	Title: _		<del></del>			
Signature:		<del></del>			·····					
Printed Name:		<u></u>		<u>-</u> -	Title: _					
Signature:				<u></u> .						
Printed Name:					Title: _			<del></del>		
If Florida Ger Signature of or			r Limited L	iability Pa	artnersl	hip:				
If Florida Lim Signatures of A	nited Par NLL Gen	rtnership o eral Partne	<u>r Limited Li</u> rs.	iability Li	imited P	artner	ship:			
<b>If Florida Lim</b> Signature of a				tative.						
All others: Signature of an	authoriz	zed person.								
Fees fo Certific			f Incorporation	on:	\$35.00 \$70.00 \$8.75 (C \$8.75 (C					

## 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: Guardians of Dig	gnity, Inc.	
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
D: 1.1.		<b></b>
Principal street address	Mailing address, if di	fferent is:
3216 Peninsula Cir		
	P.O. Box 410611	<del></del>
Melbourne, FL 32940	Melbourne, FL 32941	
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:		
Professional guardian, fiduciary and case manageme	ent services.	
		<del></del>
ADDIO 1		
ARTICLE IV SHARES The number of shares of stock is: 25		
The number of studies of stock is.		· ·
ARTICLE V INITIAL OFFICERS AND/OR D	IRECTORS	- 2
Name and Title: Christine Lang, Chairman	Name and Title:	
	Traine and Trive.	
Address: 3216 Peninsula Cir	Address:	<u>, , , , , , , , , , , , , , , , , , , </u>
Melbourne, FL 32940		
		Ç
Name and Title:	Name and Title:	
Address:	Address:	_
Name and Title:	Name and Title:	
Address:	Address:	

<u>AKTICL</u>	E VI REGISTERED AGENT			
The <u>name</u>	and Florida street address (P.O. Box	NOT acceptable) of the regi	stered agent is:	
Name:	Christine Lang			
Address:	3216 Peninsula Cir			
	Melbourne, FL 32940	<del></del>		
<u>ARTICL</u>				
The <u>name</u>	and address of the Incorporator is:			
Name:	Christine Lang			
Address:	3216 Peninsula Cir	<del></del>		
	Melbourne, FL 32940	<del>_</del>		
	en named as registered agent to accepticate, I am familiar with and accept the	e appointment as registered a		
i submit ti	Required Signature/Registered Agent his document and affirm that the facts		Date n aware that any false inform	ation submitted in a
document	to the Department of State constitutes  Medical Signature/Incorporator	a third degree felony as pro	vided for in s.817.155, F.S.  7/29/19  Date	and a decoration of the

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