

P19000066580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

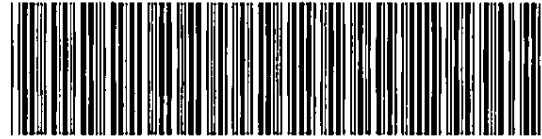
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

R KEMPL

AUG 24 2019



400333107114

08/19/19--01033--019 **105.00

FILED
19 AUG 19 AM 4:04
CLERK OF COURT
JANESVILLE, WI

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: LINDA JOHNSON SOLUTIONS 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:

LINDA JOHNSON

Contact Person

LINDA JOHNSON SOLUTIONS INC

Firm/Company

480 PEPPERMILL CIRCLE

Address

POINCIANA, FL 34758

City, State and Zip Code

L12_JOHNSON@US.AFLAC.COM

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

For further information concerning this matter, please call:

PHILIP FLISHMAN CPA

at (407) 375-2723

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$105.00 Filing Fees	<input type="checkbox"/> \$113.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$113.75 Filing Fees and Certified Copy	<input type="checkbox"/> \$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:

LINDA JOHNSON SOLUTIONS LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a SINGLE MEMBER 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 MAY 17, 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:

N/A

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

LINDA JOHNSON SOLUTIONS 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.

FILED
19 AUG 19 AM 4:05
HARRIS COUNTY CLERK
JANET L. HARRIS

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: _____

Printed Name: LINDA JOHNSON Title: PRESIDENT

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

Signature: Linda Johnson

Printed Name: LINDA JOHNSON Title: 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 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)

FILED
10 AUG 19 AM 4:05
JULIA
JULIA

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: LINDA JOHNSON SOLUTIONS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address
480 PEPPERMILL CIRCLE
POINCIANA, FL 34758

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSURANCE SALES AND ANY ANCILLARY ITEMS RELATED TO INSURANCE SALES AND DEEMED
LEGAL BY BOTH THE STATE OF FLORIDA AND THE INTERNAL REVENUE SERVICE.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 SHARES OF COMMON STOCK, NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LINDA JOHNSON, PRESIDENT

Address: 480 PEPPERMILL CIRCLE
POINCIANA, FL 34758

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
19 AUG 19 AM 4:05
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: LINDA JOHNSON
Address: 480 PEPPERMILL CIRCLE
POINCIANA, FL 34758

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LINDA JOHNSON
Address: 480 PEPPERMILL CIRCLE
POINCIANA, FL 34758

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

Linda Johnson
Required Signature/Registered Agent

06/25/2019
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.

Linda Johnson
Required Signature/Incorporator

06/25/2019
Date

FILED
19 AUG 19 AM 4:05
S. J. HANCOCK, CLERK