(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



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SECNETARY OF STATE

COVER LETTER

TO: Charter Sec Division of	ction Corporations				
	BANKER INSURANCE S	SERVICE	S, INC		
	Name	of Resul	ting Flori	da Pro	ofit Corporation
The enclosed Certifi Entity" into a "Flori	icate of Conversion, Artical da Profit Corporation" in	cles of In accorda	corporati	on, and	d fees are submitted to convert an "Other Business 1115, F.S.
Please return all con	respondence concerning	this matte	er to:		
MARK BANKER					
	Contact Person			_	
MARK BANKER INS	URANCE SERVICES, IN	С			
	Firm/Company			_	
3607 CASALTA CIR					
	Address	,		-	•
NEW SMYRNA BEAC	CH, FL 32168				
-	City, State and Zip Co	de		•	
MARK.BANKER@FF	віс.сом				
E-mail address:	(to be used for future and	ual repor	rt notifica	tion)	
For further informatio	n concerning this matter,	please ca	alt:		
MARK BANKER		at í	386	846	6-2119
Name of C	Contact Person		Area Co	xie and	d Daytime Telephone Number
Enclosed is a cheek for	r the following amount:				
\$105.00 Filing Fees	☐\$113.75 Filing Fees and Certificate of Status	☐\$113 and Cer	.75 Filing tified Co		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		1 L P	vew Fi Pivisio P. O. B	ING ADDRESS: illings Section on of Corporations ox 6327 assee, FL 32314



www.flofr.com

September 9, 2019

Mr. Mark Allen Banker 3607 Casalta Circle New Smyrna Beach, Florida 32168

Re: Mark Banker Insurance Services, Inc.

Dear Mr. Banker:

Thank you for your recent correspondence requesting approval for use of the above-referenced name.

It is the opinion of this Office that the corporate name (Mark Banker Insurance Services, Inc..) is definitive enough to differentiate the business being conducted from that of a commercial bank, trust company or credit union. The company will also not engage in business purporting to be a financial institution. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state. Should the name become confusing to the public, future modifications may be necessary.

Sincerely,

Jeremy W. Smith Director Division of Financial Institutions

JWS/trd

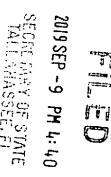
ee: Lyn Shoffstall, Chief, Bureau of Commercial Recordings, Division of Corporations. Department of State

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: MARK BANKER INSURANCE SERVICES, INC	
Enter Name of Other Business Entity	
2. The "Other Business Entity" is a	
(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 NORTH CAROLINA (Enter state, or if a non-U.S. entity, the name of the country)	
(Enter state, or if a non-U.S. entity, the name of the country)	
on03/01/2014	
Enter date "Other Business Entity" was first organized, formed or incorporated	
5. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is organized, formed or incorporated:	is now
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> : MARK BANKER INSURANCE SERVICES, INC	
Enter Name of Florida Profit Corporation	
5. If not effective on the date of filing, enter the effective date:	

Page 1 of 2



•	
Signed thisday of	, 20
Required Signature for Florida Profit Corporat	
Signature of Chairman, Vice Chairman, Director, Clincorporator: Printed Name: MARK BANKER Title: PR	Officer, or, if Directors or Officers have not been selected, as ESIDENT
Required Signature(s) on behalf of Other Busine Signature: Authority	
Printed Name: Mark A Darker Signature: Mark Bark	Title: Dresident
Printed Name: Mark A Banker	Title: president
Signature:	•
Printed Name:	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	v Limited Partnership:
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)

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

ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
ne principal place of business/mailing address is:	
Principal street address	Mailing address, if different i
090 E NEW YORK AVE	3607 CASALTA CIR
PELAND, FL 32724	NEW SMYRNA BEACH, FL 32168
ARTICLE III PURPOSE	
he purpose for which the corporation is organized is OR PROFIT	S:
-	•
RTICLE IV SHARES 100 000	
RTICLE IV SHARES 100,000	
RTICLE IV SHARES 100,000 c number of shares of stock is:	
RTICLE IV SHARES 100,000 e number of shares of stock is:	DIRECTORS
RTICLE IV SHARES e number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR D me and Title: 3607 CASALTA CIR	DIRECTORS Name and Title:
RTICLE IV SHARES Enumber of shares of stock is: ETICLE V INITIAL OFFICERS AND/OR D THE AND THE SHARES BANKER PRESIDENT 3607 CASALTA CIR	DIRECTORS
RTICLE IV SHARES e number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR D me and Title: MARK BANKER PRESIDENT 3607 CASALTA CIR NEW SMYRNA BEACH, FL 32168	DIRECTORS Name and Title: Address:
RTICLE IV SHARES e number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR D me and Title: MARK BANKER PRESIDENT 3607 CASALTA CIR NEW SMYRNA BEACH, FL 32168	DIRECTORS Name and Title: Address:
RTICLE IV SHARES e number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR D me and Title: MARK BANKER PRESIDENT dress: 3607 CASALTA CIR NEW SMYRNA BEACH, FL 32168 me and Title:	DIRECTORS Name and Title: Address: Name and Title:
RTICLE IV SHARES e number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR D me and Title: MARK BANKER PRESIDENT 3607 CASALTA CIR NEW SMYRNA BEACH, FL 32168 me and Title: dress: he and Title:	DIRECTORS Name and Title: Address: Name and Title: Address:
RTICLE IV SHARES 100,000 The number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR D TO THE SHARES SHARE PRESIDENT MARK BANKER PRESIDENT 3607 CASALTA CIR NEW SMYRNA BEACH, FL 32168 The share	DIRECTORS Name and Title: Address: Name and Title: Address:

ARTIC	LE VI REGISTERED AGENT		
The <u>nan</u>	e and Florida street address (P.O. Box NOT ac	ceptable) of the registered agent is:	
Name:	MARK BANKER		
Address:	3607 CASALTA CIR		
	NEW SMYRNA BEACH, FL 32168		
ARTICL			
the <u>name</u>	e and address of the Incorporator is:		
Name:	MARK BANKER		
Address:	3607 CASALTA CIR		
	NEW SMYRNA BEACH, FL 32168		
*******	***********	************	
Having be his certific	en named as registered agent to accept service of cate. I am familiar with and accept the appointment	f process for the above stated corporation at the place ent as registered agent and agree to act in this capac	e designated in
,	1 1	in as registered agent and agree to act in this capac	ity [,]
Y	Vaut by	06-18-2019	
	Required Signature/Registered Agent	Date	
submit th	is document and affirm that the facts stated here	in are true. I am aware that any false information	
ocument t	o the Department of State constitutes a third degi	ree felony as provided for in s.817.155, F.S.	suommea in a
	11 1		
<i>0</i> -	Ment En	06-18-2019	
•	Required Signature/Incorporator	Date	