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(Re	equestor's Name)	<del> </del>
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PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Cenified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Nomone	)	

Office Use Only

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 9, 2019

JOHN M. HOFFMAN, CPA PC

4951 BONITA BAY BLVD UNIT #401 BONITA SPRINGS, FL 34134 US

SUBJECT: JOHN M. HOFFMAN CPA PC

Ref. Number: W19000081848

We have received your document for JOHN M. HOFFMAN CPA PC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign your name and enter title on page 2 of the Conversion., \_DOV 6

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the <u>electronic filing cover sheet</u>.

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.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 619A00018538

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www.sunbiz.org

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## John M. Hoffman Certified Public Accountant



4951 Bonita Bay Blvd Unit # 401 Bonita Springs FL 34134-1716 Cell 617-835-5610 Fax 877-300-7956 jhoffman@hoff-man.com Providing Tax
And Financial Solutions
For Over 35 Years

August 7, 2019

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

Re: Conversion of my corporation to a Florida Corporation

SECRETAINY or 112 or

19 SEP 26 PH 2: 30

I recently relocated to Florida from Georgia. I am a CPA and my business entity is a corporation (Professional Corporation or PC). I wish to have my corporation be a Florida corporation and not continue as a Georgia corporation. Enclosed please find my attempt at the paperwork to achieve this.

I have enclosed a check in the amount of \$113.75 payable to the Florida Department of State for the conversion fee, the Florida Profit Articles of Incorporation and certificate of status.

My business federal tax identification number is 26-1741255.

The address above is my home address, which is the same address that my corporation will use.

I am enclosing a copy of my certificate of incorporation from the State of Georgia. Prior to living and working in Georgia, I lived and worked in Massachusetts where I was originally incorporated. I can provide a copy of that paperwork from 2007 should you need.

I appreciate your help with this matter. I have never done this with Florida before, I have made my best effort, so please do not hesitate to contact me if there are any questions, any additional information is needed, or if I need to complete different forms.

Singerely,

ohn M. Hoffman CPA

### **COVER LETTER**

TO: Charter Section Division of Corporations
SUBJECT: JOHN M. HOFFMAN CPA PA
Name of Resulting Florida Profit Corporation
The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Busines Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.
Please return all correspondence concerning this matter to:
JOHN HOFFMAN Contact Person
JOHN M. HOFFMAN CPA PA  Firm/Company
4951 BONITA BAY BLUD UNIT # 401
BONITA SPRINGS FLORIPA 34134  City, State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  TOHN M. HOFFMAN at (617) 835 - 5610  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 Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL. 32301

#### 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 Com-	version	is:
JOHN M. HOFFMAN CPA PC		
Enter Name of Other Business Entity	' 	2
2. The "Other Business Entity" is a CORPORATION  (Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)	SEUREDARY OF THEFT	FIL 2019 SEP 26
first organized, formed or incorporated under the laws of GEORSIA	<u> </u>	<b>₽</b> □
onEnter date "Other Business Entity" was first organized, formed or incorporated		ED PH 2: 30
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws organized, formed or incorporated:  (WANTING TO BE FURIPA)	of whic	ch it is now
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation	<u>ı:</u>	
JOHN M. HOFFMAN CPA PA	_	
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 f Department of State.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this listed as the document's effective date on the Department of State's records.		

Signed this 7TH day of AUGUST	. 20 19	
Required Signature for Florida Profit Corporati	on:	
Signature of Chairman, Vice Chairman, Director, O Incorporator:  Printed Name: JOHN M. HOFFMAN Title: OU	UNER PETIDENT	
Required Signature(s) on behalf of Other Busine	ess Entity:  See below for required signa	utire(s).]
Signature:		
Printed Name: JOHN M. HOFFM	an Title: PRESIDENT	No
Signature:		OTHERS
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:		1
Signature:		
Printed Name:		1
If Florida General Partnership or Limited Liabi Signature of one General Partner.	ility Partnership:	70 20
If Florida Limited Partnership or Limited Liabi Signatures of <u>ALL</u> General Partners.	lity Limited Partnership:	FIL N 2019 SEP 26 SECRETARY TALL AHASSE
If Florida Limited Liability Company: Signature of a Member or Authorized Representati	ve.	
All others: Signature of an authorized person.		H 2: 30
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)

The principal place of business/mailing address is:			r.cc :	
4951 BONITA BAY BLVD		Mailing address, if	different is:	
UNIT # 401				
BONITA SPRINGS FL 341	34			
ARTICLE III PURPOSE				
The purpose for which the corporation is organized is PROVIDE ACCOUNTING		CUSTOMARY	of a	
CERTIFIED PUBLIC ACCOU		Correction		
CEDITIES PUBLIC ACCOU	un Inni.		<del>.</del>	
			<u> </u>	<del></del>
ARTICLE IV SHARES The number of shares of stock is:				
	DIRECTORS			
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR		tle:		
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR  Name and Title: JOHN M. HOFFMAN, PR	LESIDEN Tame and Ti	tle:	P.C.	21
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR  Name and Title: JOHN M. HOFFMAN, PR  Address: 4951 BONITA BAY BLVD:	ESIDENT ame and Ti		ـــــــــــــــــــــــــــــــــــــ	70 19 SE
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR  Name and Title: JOHN M. HOFFMAN, PR  Address: 4951 BONITA BAY BLVD:  BONITA SPRINGS FL	#401 Address:		L AHAS	SEP 2
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR  Name and Title: JOHN M. HOFFMAN, PR  Address: 4951 BONITA BAY BLVD:  BONITA SPRINGS FU	# 40   Address:  3 4 13 4  Name and Ti	tle:	LAHASSI	SEP 26
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR  Name and Title: JOHN M. HOFFMAN, PR  Address: 4951 BONITA BAY BLVD:  BONITA SPRINGS FL	# 40   Address:  3 4 13 4  Name and Ti		LAHASSI	SEP 26 PM 2:
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR  Name and Title: JOHN M. HOFFMAN, PR  Address: 4951 BONITA BAY BLVD:  BONITA SPRINGS FU  Name and Title:	# 401 Address:  3 4 13 9  Name and Ti	tle:	LAHASSEE, FILEP	SEP 26
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR  Name and Title: JOHN M. HOFFMAN, PR  Address: 4951 BONITA BAY BLVD:  BONITA SPRINGS FU  Name and Title:  Address:	# 401 Address:  3 4 13 9  Name and Ti Address:  Address:	tle:	LAHASSEE, FILEPH	SEP 26 PM 2: 30

	E VI REGISTERED AGENT
The name	and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	JOHN M. HOFFMAN
Address:	4951 BONITA BAY BWD #401
	HOSI BONITA BAY BWD #401 BONITA SPRINGS FL 34134
ARTICLE	E VII INCORPORATOR and address of the Incorporator is:
i ne <u>name</u>	· ·
Name:	JOHN M. HOFEMAN
Address:	4951, BONITA BAY BLVD # 401
	BONITA SPRINGS FL 34134
*****	****************
Having be this certifi	een named as registered agent to accept service of process for the above stated corporation at the place designated in icate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
	B/7/2019
	Required Signature/Registered Agent  Date
I submit ti	his 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.
	8/7/2019
	Required Signature/Incorporator Date

And the second of the second

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