## P19000079928

(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:
1.019-9,79545

Office Use Only



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SECRETARY OF STATE TALLAHASSEEL FLORIDA

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ncT 25 2019 K Brumbley

## **COVER LETTER**

fit Corporation
d fees are submitted to convert an "Other Business 1115, F.S.
1-9851
and Daytime Telephone Number
es #\$122.50 Filing Fees, Certified Copy, and Certificate of Status
ILING ADDRESS: v Filings Section
ision of Corporations
). Box 6327 ahassee, FL 32314

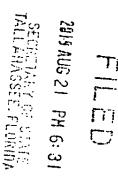
Tallahassee, FL 32301

## 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:
Grantsformation, Inc.
Enter Name of Other Business Entity
2. The "Other Business Entity" is a S Corp
(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
(Enter state, or if a non-U.S. entity, the name of the country)
March /, 2004 on
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
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> :  Grantsformation, Inc.
Enter Name of Florida Profit Corporation
Effect Name of Florida Florid 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 1	thisday of August	. 20 19	
	ed Signature for Florida Profit Corporation:		
Signatu Incorpo Printed	re of Chairman, Vide Chairman, Director, Office rator:  Name: Jan M. Juhnson  Title: Presiden	er, or, if Directors or Officers have not been selected and CEO	d, an
Requir	ed Signature(s) on behalf of Other Business E	Intity: [See below for required signature(s).]	
Signatu	re: Hillowica		
Printed	Name: The Manual Control of the Cont	Title: Monday 100	
	<b>V</b> 3		
Printed	Name:	_ Title:	
Signatu	re:		
Printed	Name:	Title:	
Signatu	re:		
Printed	Name:	Title:	
Signatu	re:		
Printed	Name:	Title:	
Signatu	re:		
Printed	Name:	Title:	
	ida General Partnership or Limited Liability are of one General Partner.	Partnership:	
	ida Limited Partnership or Limited Liability ares of ALL General Partners.	Limited Partnership:	
	ida Limited Liability Company: are of a Member or Authorized Representative.		
All oth Signatu	ers: are 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 I NAME Grantsformation, Inc.	
The name of the corporation shall be: Chainstornation, inc	·
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
1215 W. 12th St.	waning address, if different is.
Panama City, FL 32401	
	·
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
Grant writing, training, and consulting	
	· · · · · · · · · · · · · · · · · · ·
ADTICI D TIL CHADDO	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DI	RECTORS
Name and Title: Jan M. Johnson, President and CEO	Name and Title:
1215 W 12th St	
Address:	Address:
Panama City, FL 32401	
Name and Title:	Nome and Title.
Name and Title:	Name and Title:
Address:	Address:
	<del></del>
Name and Title:	Name and Title:
Address:	Address:
-	

ne <u>name</u>	and Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:
Vame:	Jan M. Johnson	
Address:	1215 W. 12th St.	
	Panama City, FL 32041	
RTICL		
ne <u>пате</u>	e and address of the Incorporator is:	
lame:	Jan M. Johnson	
Address:	1215 W. 12th St.	
	Panama City, FL 32401	
	een named as registered agent to accept service of picate, I am familiar with and accept the appointment	**************************************
		as registered agent and agree to act in this capacity
submit t	Required Signature/Registered Agent	as registered agent and agree to act in this capacity  08.16.2019  Date  are true. I am aware that any false information submitted in
submit t	Required Signature/Registered Agent  this document and affirm that the facts stated herein	as registered agent and agree to act in this capacity  08.16.2019  Date  are true. I am aware that any false information submitted in