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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

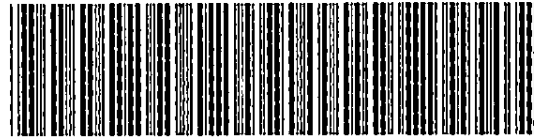
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: Del B Angels, 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:

Delatron Johnson  
Contact Person

Del B Angels, INC.  
Firm/Company

1297 Mycroft Drive  
Address

Cocoa, Florida 32926  
City, State and Zip Code

delbangers2018@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Delatron Johnson at (321) 536-4421  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$105.00 Filing Fees ☐ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☒ \$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

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FILED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

**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:

Del B Angel's LLC

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 L18-101235  
(Enter state, or if a non-U.S. entity, the name of the country)

on April 23, 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:

Florida

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

Del B Angel's

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 9.11.2019.  
(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.

18-101235  
L18-101235

Signed this 11th day of September, 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: Delatron Johnson

Printed Name: Delatron Johnson Title: CEO

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

Signature: Delatron Johnson ← Sign ~~for~~

Printed Name: Delatron Johnson Title: President / CEO

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)

**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: Del B Angel's, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

1297 Mycroft Drive  
Cocoa, Florida 32926

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The <sup>Vision/</sup>purpose of Del B Angel's is to provide youth with program  
services that will allow them to recognize their self-worth and  
prepare them to reach their full potential in life by transitioning them  
from crisis to self-sufficiency. The mission is to ensure a  
safe & nurturing environment for adolescents by building life  
skills & helping them and their families find solutions to the  
difficulties they face.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Brian Johnson - Vice Chairman

Address: 1297 Mycroft Drive  
Cocoa, Fl. 32926

Name and Title: Renata Bennett - Treasurer

Address: 180 Jablo Avenue  
Cocoa, Fl. 32927

Name and Title: Suzanne Wink - Secretary

Address: 3050 S. Hamilton Circle  
Titusville, Fl. 32780

Name and Title: Michael Cadore - Member - At Large

Address: 1311 Hideaway Lane  
Rockledge, Fl. 32955

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Delatron Johnson  
Address: 1297 Mycroft Drive  
Cocoa, FL 32926

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Delatron Johnson  
Address: 1297 Mycroft Drive  
Cocoa, FL 32926

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Department of State

\*\*\*\*\*  
*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*

Delatron Johnson 9/11/2019  
Required Signature/Registered Agent 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.*

Delatron Johnson 9/11/2019  
Required Signature/Incorporator Date