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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

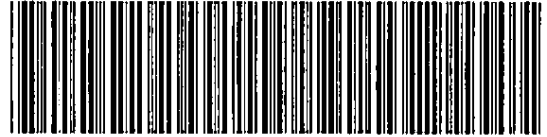
(Business Entity Name)

(Document Number)

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

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FEB 1 2020

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Paleo Certified, 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:

Kristen G. Roberts

\_\_\_\_\_  
Contact Person

Trestle Law, APC

\_\_\_\_\_  
Firm/Company

7904 Broadway

\_\_\_\_\_  
Address

Lemon Grove, CA 91945

\_\_\_\_\_  
City, State and Zip Code

knmp84@gmail.com

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

For further information concerning this matter, please call:

Kristen G. Roberts

at ( 619 ) 289-8939

\_\_\_\_\_  
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

20 JUN 21 AM 8:39  
RECEIVED

**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:

Paleo Certified

Enter Name of Other Business Entity

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.)

first organized, formed or incorporated under the laws of California  
(Enter state, or if a non-U.S. entity, the name of the country)

on November 3, 2015

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**:

Paleo Certified, 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.

20151103 11:39 AM  
STATE OF FLORIDA

Signed this 8th day of January, 2020.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: Karen Pendergrass

Printed Name: Karen Pendergrass Title: President

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

Signature: Karen Pendergrass

Printed Name: Karen Pendergrass 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)

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**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: Palco Certified, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

11350 Weeks Bay Road

1106 2nd Street, #479

Foley, AL 36535

Encinitas, CA 92024

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

to engage in any lawful activity for which corporations may be incorporated in this state.

**ARTICLE IV    SHARES**

The number of shares of stock is: 100,000

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

Name and Title: Karen Pendergrass, President

Name and Title: Kimberly L. Eyer, Secretary

Address: 11350 Weeks Bay Road

Address: 11350 Weeks Bay Road

Foley, AL 36535

Foley, AL 36535

Name and Title: Karen Pendergrass, Director

Name and Title: Kimberly L. Eyer, CFO

Address: 11350 Weeks Bay Road

Address: 11350 Weeks Bay Road

Foley, AL 36535

Foley, AL 36535

Name and Title: Kimberly L. Eyer, Director

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

Address: 11350 Weeks Bay Road

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

Foley, AL 36535

## ARTICLE VI REGISTERED AGENT

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

Name: Registered Agents, Inc.

Address: 7901 4th St N, STE 300

St. Petersburg, FL 33702

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Karen Pendergrass

Address: 11350 Weeks Bay Road

Foley, AL 36535

\*\*\*\*\*

*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*

Bill Hare

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.*

Karen Bundergrass  
Required Signature/Incorporator

Required Signature/Incorporator

01/08/2020

Date \_\_\_\_\_

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