## P20000077564

(	Requestor's Name)
(.	Address)
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(	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
(	Document Number)
Certified Copies	Certificates of Status
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#### **COVER LETTER**

TO:

New Filing Section Division of Corporations

## SUBJECT: SHAUNTE BROWN & ASSOCIATES, INC.

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

SHAUNTE BROWN
Contact Person
SHAUNTE BROWN & ASSOCIATES, INC
Firm/Company
PO BOX 15142
Address
MEGT BALLA DE AGUL EL GOALG

WEST PALM BEACH, FL 33416

City, State and Zip Code

### SHAUNTE33416@GMAIL.COM

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

For further information concerning this matter, please call:

SHAUNTE BROWN		at (561 )28	2-8005
Name of Contact Person		Area Code and Daytime Telephone Numb	
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	s □\$122.50 Filing Fees, Certified Copy, and Certificate of Status

#### **Mailing Address:**

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

#### **Street Address:**

New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

BROWN & ASSOCIATES ENTERPRISE, LLC
Enter Name of the Converting Entity
2. The converting 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  (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)
on 09/13/2012
Enter date "Converting Entity" was first organized, formed or incorporated.
SHAUNTE BROWN & ASSOCIATES, INC
Enter Name of Florida Profit Corporation
Enter Name of Florida Profit Corporation  4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.
<ul> <li>4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.</li> <li>5. If not effective on the date of filing, enter the effective date: 01/01/2020</li> </ul>
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its
<ul> <li>4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.</li> <li>5. If not effective on the date of filing, enter the effective date: 01/01/2020  (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florid</li> </ul>
<ul> <li>4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.</li> <li>5. If not effective on the date of filing, enter the effective date: 01/01/2020  (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florid Department of State.)</li> <li>Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be</li> </ul>
<ul> <li>4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.</li> <li>5. If not effective on the date of filing, enter the effective date: 01/01/2020  (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florid Department of State.)</li> <li>Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be</li> </ul>

Signed this 28 day of FEBF	RUARY	, <sub>20</sub> <u>2020</u>	
Required Signature for Florida Profit C			
Signature of Director, Officer, or, if Direc	tors or Officers have not bee	en selected, an Incorporator:	
Printed Name: SHAUNTE BROWN T	CEO		
Required Signature(s) on behalf of Concompanies: {See below for required signature}	ature(s).]		<u>i liability</u>
Signature: SHAUNTE BF			
Printed Name: SHAUNTE BF	ROWN Title: MA	NAGER	
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:			
If Florida General Partnership or Limit Signature of one General Partner.	ted Liability Partnership:		
If Florida Limited Partnership or Limit Signatures of <u>ALL</u> General Partners.	ted Liability Limited Partn	ership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Rep	presentative.		
All others: Signature of an authorized person.			
Fees: Articles of Conversion:	\$35.00		

Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:

\$70.00

\$8.75 (Optional) \$8.75 (Optional)

#### ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	PRINCIPAL OFFICE place of business/mailing address is:	
	Principal street address	Mailing address, if different is:
2101 VIS	TA PARKWAY	PO BOX 15142
VEST PA	ALM BCH., FL 33411	WEST PALM BCH., FL 33410
	ND ALL LAWFUL BU	/SINLOG.
-		
	V SHARES f shares of stock is: 1,00,000	s
	OFFICERS AND/OR DIRECTOR	SE  Name and Title:
RTICLE V	OFFICERS AND/OR DIRECTOR	_
IRTICLE V	V OFFICERS AND/OR DIRECTOR	Name and Title:
IRTICLE V	PO BOX 15142 WEST PALM BCH., FL 33416	Name and Title:
Iame and Tit	PO BOX 15142 WEST PALM BCH., FL 33416	Name and Title:  Address:
Iame and Tit	PO BOX 15142 WEST PALM BCH., FL 33416 SHAUNTE BROWN-CFO	Name and Title:  Address:  Name and Title:
Iame and Tit Address:  Jame and Tit Address:	PO BOX 15142 WEST PALM BCH., FL 33416 PO BOX 15142 WEST PALM BROWN-CFO PO BOX 15142 WEST PALM BCH., FL 33416 SHAUNTE BROWN-COO	Name and Title:  Address:  Name and Title:  Address:
ARTICLE Value and Tit	PO BOX 15142 WEST PALM BCH., FL 33416 PO BOX 15142 WEST PALM BROWN-CFO PO BOX 15142 WEST PALM BCH., FL 33416 SHAUNTE BROWN-COO	Name and Title:  Address:  Name and Title:

ARTICL	E VI REGISTERED AGENT		
The <u>name</u>	and Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:	
Name:	SHAUNTE BROWN		
Address:	2101 VISTA PARKWAY		
	WEST PALM BCH., FL 33416		
********	****************************	******	
	een namea as registerea agent to accept service of pro- icate, I am familiar with and accept the appointment of	cess for the above stated corporation at the place designs registered agent and agree to act in this capacity	znatea u
	AA Kw	02/28/2020	
	Required Signature/Registered Agent	Date	