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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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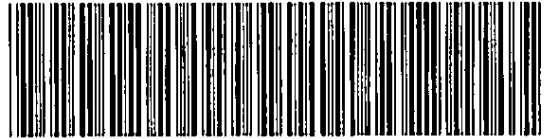
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FEB 03 2020

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 FEB -3 PM 2:03

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Full Impact Marketing 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:

Steven Brewr

Contact Person

Steven Brewer & Company, CPAs, PC

Firm/Company

PO Box 225

Address

Salem, IN 47167

City, State and Zip Code

beth@thesavvyinspector.com

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

For further information concerning this matter, please call:

Steven Brewer

at (812)

883-6938

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

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

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:
Full Impact Marketing Inc.

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

on January 18, 2006

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:

NA

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

Full Impact Marketing Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: January 1, 2020

(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.

Signed this 23 day of December, 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: _____

Printed Name: _____ Title: _____

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

Signature: _____

Printed Name: Vernon K. Compton Title: President/CEO

Signature: _____

Printed Name: Beth Compton Title: Vice President

Signature: _____

Printed Name: Steven Brewer Title: CFO

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 FEB -3 PM 2:03

ARTICLE I NAME Full Impact Marketing, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
The principal place of business/ mailing address is:

Principal street address
14 Mooring Place, Placida, FL 33946

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct and all business as deemed appropriate and/or necessary

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vernon K. Compton, Pres. and CEO

Name and Title: _____

Address: 14 Mooring Place

Address: _____

Placida, FL 33946

Name and Title: Beth Compton, Vice President

Name and Title: _____

Address: 14 Mooring Place

Address: _____

Placida, FL 33946

Name and Title: Steven Brewer, CFO

Name and Title: _____

Address: PO Box 225

Address: _____

Salem, IN 47167

ARTICLE VI REGISTERED AGENT

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

Name: Vernon K. Compton
Address: 14 Mooring Place
Placida, FL 33946

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

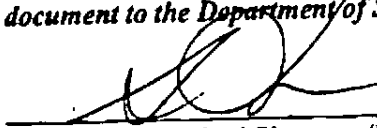
Name: Steven Brewer
Address: PO Box 225
Salem, IN 47167

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


Required Signature/Registered Agent

3/11/20
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.


Required Signature/Incorporator

12/23/2019
Date

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DIVISION OF CORPORATIONS
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