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(Req	uestor's Name)	
(Add	ress)	
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(City)	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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COVER LETTER

New Filing Section Division of Corporations

TO:

SUBJECT: Iprep4Life					
Name of Resulting Florida Profit Corporation					
The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following elentity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.					
Please return all correspondence concerning this matter to:					
Rockell Bartoli					
Contact Person					
Iprep4life					
Firm/Company					
18495 South Dixie HWY #381					
Address					
Miami Fl.33157					
City, State and Zip Code					
rockell@rockellbartoli.com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Rockell Bartoli at (305)613-8123					
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 and Certified Copy Status □ \$122.50 Filing Fees, Certified Copy, and Certificate of Status					
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303					

Articles of Conversion

For

Converting Eligible Entity

Into

Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligibusiness entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statut

	Enter Name of the Converting Entity
2. The converting	entity is a limited liability company U5000 200739
	(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized for	med or incorporated under the laws of Florida
mst organized, for	(Enter state, or if a non-U.S. entity, the name of the country)
on 11/19/20	15
OII	•
3. The name of the	Enter date "Converting Entity" was first organized, formed or incorporated. Florida Profit Corporation as set forth in the attached Articles of Incorporation:
3. The name of the IPREP4LII	Enter date "Converting Entity" was first organized, formed or incorporated. Florida Profit Corporation as set forth in the attached Articles of Incorporation: ECORP
	Enter date "Converting Entity" was first organized, formed or incorporated. Florida Profit Corporation as set forth in the attached Articles of Incorporation:
4. This conversion	Enter date "Converting Entity" was first organized, formed or incorporated. Florida Profit Corporation as set forth in the attached Articles of Incorporation: Enter Name of Florida Profit Corporation was approved by the eligible converting entity in accordance with this chapter and the laws of
4. This conversion current/organic juri	Enter date "Converting Entity" was first organized, formed or incorporated. Florida Profit Corporation as set forth in the attached Articles of Incorporation: Enter Name of Florida Profit Corporation was approved by the eligible converting entity in accordance with this chapter and the laws of soliction.
4. This conversion current/organic juristic (The effective date Department of Sta	Enter date "Converting Entity" was first organized, formed or incorporated. Florida Profit Corporation as set forth in the attached Articles of Incorporation: Enter Name of Florida Profit Corporation was approved by the eligible converting entity in accordance with this chapter and the laws of soliction. on the date of filing, enter the effective date: 7-9-2020 Enter Converting Entity was first organized, formed or incorporated.

Required Signature for Florida Profit Corporation:				
Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:				
Mocrece Surta				
Printed Name: Pocheu Barton Title: Pr	resident			
	rida partnerships, limited partnerships, and limited liab			
companies: [See below for required signature(s).]				
Signature:	rolliv			
Printed Name: Rockell Bartoii	Title: Prosiceut			
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:				
Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)			

______20<u>20</u>

Signed this 91H day of JULY

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

RTICLE I	NAME e corporation shall be	"IPREP4L	LIFE COR	lP
RTICLE II le principal p	PRINCIPAL (lace of business/mail			
		J		Mailing address if different is
495 SOUTH DI	Principal street add XIE HWY #381 MIAMI FL			Mailing address, if different is:
·····-				
RTICLE III	PURPOSE or which the corporate	ution is organized is:		
. ,	•	•		colleges and orgnizations
<u>.</u>	·	-		
ncrease	e student gradi	uation rates, r	etention and (overall success.
-				
		···-		
	<u> </u>			
RTICLE IV	SHARES 1			
RTICLE IV	SHARES shares of stock is: 1			
RTICLE V	OFFICERS AN	ND/OR DIRECTO	<u>RS</u>	
RTICLE V		ND/OR DIRECTO		itle:
RTICLE V	OFFICERS AN	vid/or directo oli President	Name and T	
RTICLE V	OFFICERS AN e: Rockell Barto 18495 South Di	ND/OR DIRECTO oli President ixie Hwy #381		itle:
RTICLE V ame and Title ddress:	OFFICERS AN e: Rockell Barto 18495 South Di Miami Fl.	oli President ixie Hwy #381	Name and T Address:	
ARTICLE V lame and Title address:	OFFICERS AN e: Rockell Barto 18495 South Di	oli President ixie Hwy #381	Name and T Address:	
ame and Title ddress:	OFFICERS AN e: Rockell Barto 18495 South Di Miami Fl.	oli President ixie Hwy #381 33157	Name and T Address: Name and T	
ARTICLE V Iame and Title Address:	OFFICERS AN e: Rockell Barto 18495 South Di Miami Fl.	oli President ixie Hwy #381	Name and T Address: Name and T	itle:
RTICLE V Iame and Title ddress: ame and Title ddress:	OFFICERS AN e: Rockell Barto 18495 South Di Miami Fl. e:	oli President ixie Hwy #381 33157	Name and T Address: Name and T Address: Address:	itle:
ARTICLE V Iame and Title Address: Iame and Title Address:	OFFICERS AN e: Rockell Barto 18495 South Di Miami Fl.	oli President ixie Hwy #381 33157	Name and T Address: Name and T Address: Address:	itle:
ARTICLE V Iame and Title Address: Iame and Title Address:	OFFICERS AN e: Rockell Barto 18495 South Di Miami Fl. e:	oli President ixie Hwy #381 33157	Name and T Address: Name and T Address: Name and T Address: Name and T	itle:

ARTICL	E VI REGISTERED AGENT	
The name	and Florida street address (P.O. Box NO	T acceptable) of the registered agent is:
Name:	19495 SOUTH DIXIE HWY #381	
Address:	Miami Fl 33157	_
	Brkell Bactoli	

Having been named as registered agent to accept service of process for the above stated corporation at the place design this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent