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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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W2-16517

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 12, 2020

STEVE J BONE ABSOLUTE TRUTH INVESTIGATIONS INC 2800 ELIZABETH AVENUE ORLANDO, FL 32804

SUBJECT: ABSOLUTE TRUTH INVESTIGATIONS INC

Ref. Number: W20000116517

We have received your document for ABSOLUTE TRUTH INVESTIGATIONS INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the section "Required Signature for Florida Profit Corporation: "in the Articles of Conversion. A required signature is missing.

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 620A00019916

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COVER LETTER

TO: New Filing Section Division of Corporations

Absolute Truth Investigations 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:

Steven J Bone
Contact Person
Absolute Truth Investigations Inc
Firm/Company
2800 Elizabeth Avenue
Address
Orlando FI 32804
City. State and Zin Code

City, State and Lip Code

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

For further information concerning this matter, please call:

Michelle Frazee

Name of Contact Person

Status

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

\$105.00 Filing Fees \$113.75 Filing Fees \$113.75 Filing Fees \$122.50 Filing Fees,

and Certificate of

and Certified Copy

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

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 eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:		
ATI LLC		
Enter Name of the Converting Entity		
2. The converting entity is a LLC		
(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		
3/15/2006 (Enter state, or if a non-U.S. entity, the name of the country)		
Enter date "Converting Entity" was first organized, formed or incorporated.		
3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: Absolute Truth Investigations Inc		
Enter Name of Florida Profit Corporation		
4. This conversion was approved by the eligible converting entity in accordance with this chapter and to current/organic jurisdiction.	he laws of	its
5. If not effective on the date of filing, enter the effective date: 8/26/2020 (The effective date: Cannot be prior to nor more than 90 days after the date this document is file Department of State.) Note: If the date inserted in this block does not meet the applicable to the file.	d by the F	Plorida
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this disted as the document's effective date on the Department of State's records.	late will no	ot be
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. Signed this day of September	20 2 è	
Required Signature for Florida Profit Corporatio		
Signature of Director, Officer, or, if Directors or Offi	icers have not been selected, an Incorporate	or:
Printed Name: Steven J Bone Title: Ge	eneral Partner	
Required Signature(s) on behalf of Converting Flocompanies: [See below for required signature(s).]	orida partnerships, limited partnerships,	and limited liability
Signature:		
Printed Name: Steven J Bone	Title: General Partner	_
Signature:		_
Printed Name:	Title:	- .
Signature:		_
Printed Name:		-
Signature:		-
Printed Name:		-
Signature:		
Printed Name:		
Signature:		20
Printed Name:	Title:	81
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:	23 PH
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:	9: 47
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)	

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

NAME ARTICLE I The name of the corporation shall be: Absolute Truth Investigations Inc PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is: Mailing address, if different is: Michelle Frazee 2800 Elizabeth Ave Orlando FI 32804 ARTICLE III PURPOSE The purpose for which the corporation is organized is: All Lawful Business ARTICLE IV SHARES The number of shares of stock is: 1000 ARTICLE V OFFICERS AND/OR DIRECTORS Steven J Bone President Name and Title: 428 East 5th Avenue Suite G Address: Address: Mount Dora Florida 32757 Name and Title: Zachary R Bone VP Name and Title: 2800 Elizabeth Avenue Address: Address: Orlando Florida 32804 Name and Title: Name and Title: Address: Address:

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

Name:

Steven J Bone

428 East 5th Avenue Suite G

Mount Dora Florida 32757

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

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