

P21000028864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

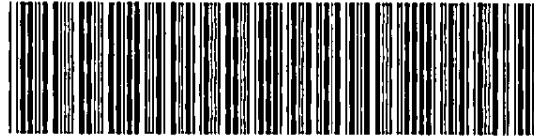
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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01/20/21--01013--013 **105.00

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21 FEB 19 PM 7:13
NOTARY PUBLIC
TALLAHASSEE, FLORIDA

W21-17531



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2021

ROBERT C. LANE, JR.
BOB LANE'S ACCOUNTING
400 TOMPKINS STREET
INVERNESS, FL 34450-4139

SUBJECT: AMERICAN SENIOR INSURANCE & FINANCIAL SERVICES, L.L.C.
Ref. Number: W21000017531

We have received your document for AMERICAN SENIOR INSURANCE & FINANCIAL SERVICES, L.L.C. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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: 821A00003036

2/16/2021

As per this letter please change L.L.C. to INC.

2021 FEB 19 AM 9:47

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DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL 32309

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AMERICAN SENIOR INSURANCE & FINANCIAL SERVICES, INC. /VC.

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:

Robert C. Lane, Jr.

Contact Person

Bob Lane's Accounting

Firm/Company

400 Tompkins Street

Address

Inverness, FL 34450-4139

City, State and Zip Code

rlanejr@tampabay.rr.com

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

For further information concerning this matter, please call:

Robert C. Lane, Jr. at **(352) 344-2888**

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 ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of Status 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

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TALLAHASSEE, FLORIDA

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:

AMERICAN SENIOR INSURANCE & FINANCIAL SERVICES, L.L.C.

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)

on September 16, 2020
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**:

AMERICAN SENIOR INSURANCE & FINANCIAL SERVICES, ~~LLC~~ /INC.

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.

5. If not effective on the date of filing, enter the effective date: 11/30/2020

(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.

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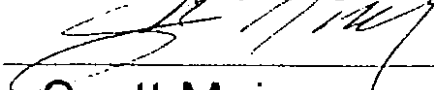
Signed this 11 day of January, 2021

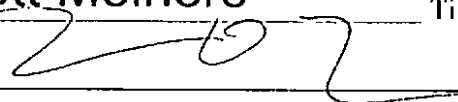
Required Signature for Florida Profit Corporation:

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:


Printed Name: Micah Buck Title: MGR

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature: 
Printed Name: Scott Meiners Title: MGR

Signature: 
Printed Name: Micah Buck Title: MGR

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:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

SECRETARY OF STATE
JALINASSER, ELIZABETH

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

ARTICLE I NAME

The name of the corporation shall be: AMERICA SENIOR INSURANCE & FINANCIAL SERVICES, LLC / INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

3401 W. Cypress Street Suite 206

Tampa, FL 33607

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

and/or any other business of a lawful nature

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Scott Meiners-MGR

Address: 10303 Bay Club Ct
Tampa, FL 33607

Name and Title: Micah Buck-MGR

Address: 279 S. Paladinn Circle
Inverness, FL 34453

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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ARTICLE VI REGISTERED AGENT

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

Name: Scott J Meiners
Address: 10303 Bay Club Ct
Tampa, FL 33607

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

01/11/2021
Date

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SOUTHERN STATE
FALL WASSER, FLORIDA