

Pa1000060210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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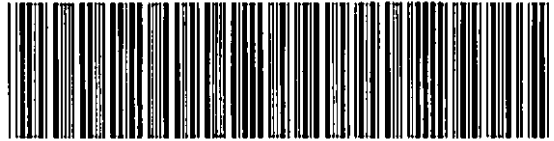
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAY -7 PM 4:14
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Lsa 6/28/21

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: National Alliance of Insurance Agencies, 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:

William E. Jones Jr.

Contact Person

National Alliance of Insurance Agencies, Inc.

Firm/Company

23431 Caraway Lakes Dr.

Address

Estero, FL 34135

City, State and Zip Code

billjones@naiainc.com

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

For further information concerning this matter, please call:

Bill Jones at (585) 233-9793

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 and Certified Copy Certified Copy, and
Status 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

2021 MAY -7 PM 10:14
TALLAHASSEE

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:

National Alliance of Insurance Agencies, Inc.

Enter Name of the Converting Entity

2. The converting entity is a C-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 Nevada
(Enter state, or if a non-U.S. entity, the name of the country)

on April 24, 2014
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**:

National Alliance of Insurance Agencies, 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: March 1, 2021
(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.

2021 MAY -7 PM 4:11
FILED

Signed this 5th day of May, 2021.

Required Signature for Florida Profit Corporation:

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

William E. Jones Jr. President
Printed Name: William E. Jones Jr. Title: President

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

Signature: William E. Jones Jr.
Printed Name: William E. Jones Jr. Title: President

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

2021 MAY -7 PM 4:14

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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: National Alliance of Insurance Agencies, Inc.

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

Principal street address

Mailing address, if different is:

23431 Caraway Lakes Dr.
Estero, FL 34135

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
insurance agency

ARTICLE IV SHARES
The number of shares of stock is: 95,000

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: William E. Jones Jr., President

Address: 23431 Caraway Lakes Dr.
Estero, FL 34135

Name and Title: Kevin Johnson, Chairman

Address: 11880 Via Novelli Court
Miromar Lakes, FL 33913

Name and Title: Terry Truesdell, Secretary

Address: 12808 Briar Dr.
Leawood, KS 66209

Name and Title: Louis Brownstone, Treasurer

Address: 466 Parrott Dr.
San Mateo, CA 94010

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2021 MAY -7 PM 4:14
FILED
CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: William E. Jones Jr.

Address: 23431 Caraway Lakes Dr.

Estero, FL 34135

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

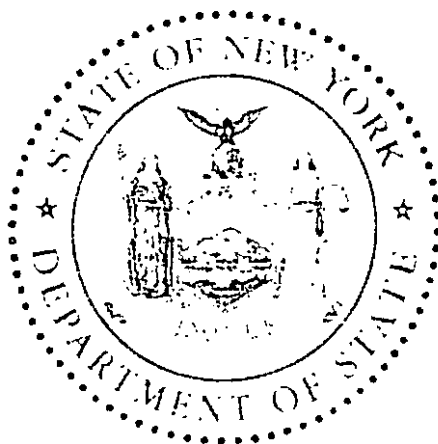
William E. Jones Jr.
Required Signature/Registered Agent

May 5, 2021
Date

State of New York
Department of State } ss:

I hereby certify, that NATIONAL ALLIANCE OF INSURANCE DISTRIBUTORS, INC. a NEVADA corporation, doing business in the State of New York under the fictitious name of NATIONAL ALLIANCE OF INSURANCE AGENCIES filed an Application for Authority to do business in the State of New York on 07/15/2014. I further certify that so far as shown by the records of this Department, such corporation is still authorized to do business in the State of New York.

A certificate changing name to NATIONAL ALLIANCE OF INSURANCE AGENCIES, INC. and deleting its fictitious name was filed on 09/15/2014.



2021 MAY -7 PM 4:14
ALBANY, NY

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 22nd day of April two
thousand and twenty-one.*

Brendan C. Hughes

Brendan C Hughes
Executive Deputy Secretary of State