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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

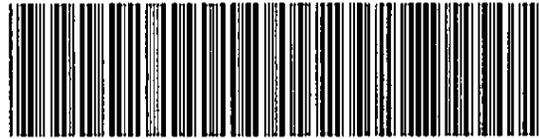
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Special Instructions to Filing Officer:

W21000081533

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MASSACHUSETTS  
SECRETARY OF STATE

2021 JUN 25 PM 2:37

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 5, 2021

KATHLEEN ANDERSON  
822 A1A N STE 310  
PONTE VEDRA BEACH, FL 32082

SUBJECT: ANDERSON AGENCY OF NE FL INC  
Ref. Number: W21000081533

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2021 JUN 25 PM 2:37  
TALLAHASSEE, FLORIDA

*you have*  
We have received your document for ANDERSON AGENCY OF NE FL 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):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. <http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

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.

Matthew T Moon  
Regulatory Specialist II Supervisor

Letter Number: 921A00012267

2021 JUN 25 PM 12:11

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Anderson Agency of NE FL 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:

Kathleen Anderson  
Contact Person

Anderson Agency of NE FL  
Firm/Company

822 A1A N Ste 310  
Address

Ponte Vedra Beach, FL 32082  
City, State and Zip Code

Kathleen@andersonagencyfl.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Anderson at ( 904 ) 710-1076  
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

2021 JUN 25 PM 2:37  
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:

**Anderson Agency of NE FL LLC**

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 **01/01/2020**

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**

**Anderson Agency of NE FL**

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: **04/09/2021**

**(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.

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TALLAHASSEE, FLORIDA

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219 000 267278

Signed this 9 day of April, 2021

**Required Signature for Florida Profit Corporation:**

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

Kathleen Anderson  
830107127AEE4F4

Printed Name: Kathleen Anderson Title: \_\_\_\_\_

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

Signature: Kathleen Anderson  
830107127AEE4F4

Printed Name: Kathleen Anderson Title: President

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

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2021 JUN 25 PM 2:37  
CLERK OF CIRCUIT COURT  
JULIA ADASSEEK  
TALLAHASSEE, FLORIDA

**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: Anderson Agency of NE FL Inc

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

822 A1A N Ste 310

Ponte Vedra Beach

FL 32082

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Sales of Insurance

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ALL/HASSEE, FLORIDA

**ARTICLE IV    SHARES**    100

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V    OFFICERS AND/OR DIRECTORS**

Name and Title: Kathleen Anderson President

Name and Title: \_\_\_\_\_

Address: 4045 Coastal Ave

Address: \_\_\_\_\_

Jacksonville Beach, FL 32250

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Kathleen Anderson

Address: 4045 Coastal Ave

Jacksonville Beach, FL 32250

\*\*\*\*\*  
*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*

DocuSigned by:

*Kathleen Anderson*

Required Signature/Registered Agent

04/09/2021

Date

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CLERK OF COURT  
JUN 25 2021

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