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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

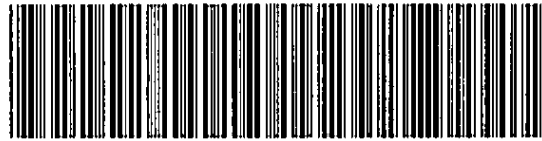
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W21000081533

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05/10/21--01028--033 **105.00

2021 JUN 25 PM 2:37
CALIFORNIA STATE FILING

2021 JUN 25 PM 2:37

FILED



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

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

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TALLAHASSEE, FLORIDA

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 ☐ \$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:

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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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
830107127AFF4F4

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
830107127AFF4F4

Printed Name: Kathleen Anderson 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 |

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2021 JUN 25 PM 2:37
CLERK OF DISTRICT COURT
JULIANNE SEARCY

**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

822 A1A N Ste 310

Ponte Vedra Beach

FL 32082

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sales of Insurance

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ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Kathleen Anderson President

Address: 4045 Coastal Ave

Jacksonville Beach, FL 32250

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Katheen 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
JACKSONVILLE, FLORIDA