

P21000103011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

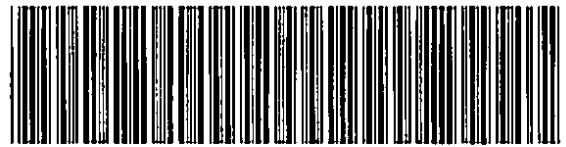
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800369831488

07/14/21 - 01023 - 020 **113.75

W2100103011 J. SCOTT

DEC 10 2021

2314 DEC -6 PM 12:00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2021

PHYLLIS HESLEP
301 HARBOUR PLACE DR APT 1202
TAMPA, FL 33602

SUBJECT: HESLEP BENEFITS, INC.
Ref. Number: W21000100732

We have received your document for HESLEP BENEFITS, INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Conversion must be sign.,

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 021A00016272

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HESLEP BENEFITS, 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:

PHYLLIS HESLEP

Contact Person

HESLEP BENEFITS, INC.

Firm/Company

301 HARBOUR PLACE DR APT 1202

Address

TAMPA, FL 33602

City, State and Zip Code

PYHESLEP@GMAIL.COM

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

For further information concerning this matter, please call:

Phyllis Heslep

Name of Contact Person

at (804) 922-2028

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

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:

HESLEP BENEFITS, INC.

Enter Name of the Converting Entity

2. The converting entity is a HESLEP BENEFITS, INC.
(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 VIRGINIA
(Enter state, or if a non-U.S. entity, the name of the country)

on 08/07/2020
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:

HESLEP BENEFITS, 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: _____
(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.

2020 DEC -6 PM 12:01

Signed this 15TH day of SEPTEMBER, 2021.

Required Signature for Florida Profit Corporation:

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

Printed Name: PHYLLIS HESLEP Title: MANAGING MEMBER

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

Signature: _____

Printed Name: PHYLLIS HESLEP Title: MANAGING MEMBER

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)

**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: HESLEP BENEFITS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
301 HARBOUR PLACE DR APT 1202

TAMPA, FL 33602

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

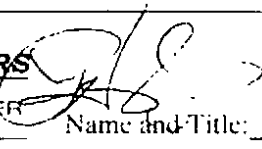
The purpose of the Limited Liability Company is to engage in any lawful activity for which a Limited Liability Company may be organized in this state

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: PHYLLIS HESLEP, MANAGING MEMBER


Name and Title: _____

Address: 301 HARBOUR PLACE DR APT 1202

Address: _____

TAMPA, FL 33602

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

DEC -6 PM 12:01

ARTICLE VI REGISTERED AGENT

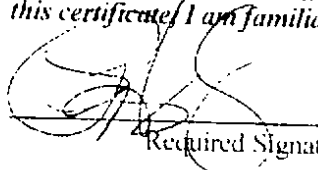
The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Name: PHYLLIS HESLEP

Address: 301 HARBOUR PLACE DR APT 1202

TAMPA, FL 33602

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

12/01/2021

Date