

P220 0000 3450

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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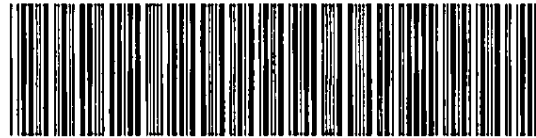
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

W21-151061



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 23, 2021

DEBORAH M. LOLAS
15657 SW 86 TERRACE #308
MIAMI, FL 33193

SUBJECT: SPMS CORP PROGRAM MANAGEMENT SOLUTIONS
COACHING & CONSULTING
Ref. Number: W21000151061

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TALLAHASSEE, FLORIDA

We have received your document for SPMS CORP PROGRAM MANAGEMENT SOLUTIONS- COACHING & CONSULTING and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article II in the Articles of Incorporation. A principal address and mailing address is required.

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: 521A00028325

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SPMS CORP PROGRAM MANAGEMENT SOLUTIONS - COACHING & CONSULTING

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:

DEBORAH M. LOLAS

Contact Person

Firm/Company

15657 SW 86 TERRACE #308

Address

MIAMI FL. 33193

City, State and Zip Code

DMLOLAS@GMAIL.COM

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

For further information concerning this matter, please call:

DEBORAH M. LOLAS at (**305**) **986-1756**

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

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:
SPMS LLC SCHOOL PROGRAM MANAGEMENT SOLUTIONS - COACHING & CONSULTING

Enter Name of the Converting Entity

2. The converting entity is a **LLC**
(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 **06/04/2021**
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**:
SPMS CORP PROGRAM MANAGEMENT SOLUTIONS - COACHING & CONSULTING

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.

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Signed this 9th day of November, 2021

Required Signature for Florida Profit Corporation:

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

Signature: [Signature]
Printed Name: Deborah M. Lolas Title: President

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

Signature: [Signature] 11/9/2021
Printed Name: Deborah M. Lolas 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)

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TALLAHASSEE, FLORIDA

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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: SPMS CORP PROGRAM MANAGEMENT SOLUTIONS - COACHING & CONSULTING

ARTICLE II PRINCIPAL OFFICE *X*

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

15657 SW 86 terrace #308

7356 SW 158th Ave

Miami FL 33193

Miami FL 33193

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Customer Service, Program Management, Coaching &
Consulting, Any and all lawful Business!

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: DEBORAH M. LOLAS - PRESIDENT

Address: 15657 SW 86 TERRACE
#308 MIAMI FL 33193

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA


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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: DEBORAH M.LOLAS - PRESIDENT
Address: 15657 SW 86 TERRACE
#308 MIAMI FL 33193

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

 *Registered Agent & President* 11/09/2021
Required Signature/Registered Agent Date

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