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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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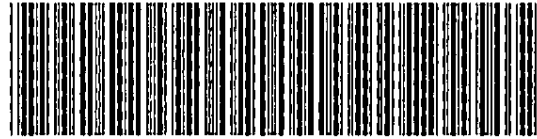
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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file 7/29/22
Amount \$1000 + \$100

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Stepping Stones Counseling and Wellness Center 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:

Kristian A. Holmes

Contact Person

Stepping Stones Counseling and Wellness Center

Firm/Company

20730 North Miami Avenue

Address

Miami, Florida 33169

City, State and Zip Code

thesteppingstonescounseling@gmail.com

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

For further information concerning this matter, please call:

Kristian A. Holmes at (**786**) **309-8132**

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:

Stepping Stones Counseling and Wellness Center 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 **July 1, 2019**
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**:
Stepping Stones Counseling and Wellness Center 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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 11th day of April, 2022.

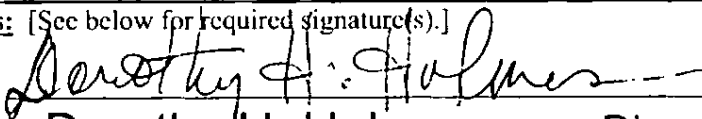
Required Signature for Florida Profit Corporation:

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



Printed Name: Kristian A. Holmes Title: President/Director

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

Signature: 

Printed Name: Dorothy H. Holmes Title: Director

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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CLERK OF STATE
TALLAHASSEE, FLORIDA

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: Stepping Stones Counseling and Wellness Center INC.

The principal place of business/ mailing address is:

Mailing address, if different is:

20730 North Miami Avenue
Miami, Fl. 33169

The purpose for which the corporation is organized is:

To provide mental health services to individuals and couples

The number of shares of stock is:

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Kristian A. Holmes, President/Director

Address: 20730 North Miami Avenue
Miami, Florida 33169

Name and Title: _____

Address:

Name and Title: _____

Address:

Name and Title: Dorothy H. Holmes, Director

Address: 1010 NE 81 street
Miami, Fl. 33138

Name and Title: _____

Address:

Name and Title:

Address:

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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: Kristian A. Holmes
Address: 20730 North Miami Avenue
Miami, Fl. 33169

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

4/11/2022

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA