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(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to F	Filing Officer:			

Office Use Only



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09/27/22--01006--019 ++105.00



COVER LETTER

TO: New Filing Section Division of Corporations
PRENDA D RAILEV RRADVING
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:
DAWN ROBINSON
Contact Person
BY THE BOOK ACCOUNTING & TAX SERVICE
Firm/Company
4811 S PLEASANT GROVE ROAD, STE 2B
Address
INVERNESS, FL 34452
City, State and Zip Code
bythebookinverness@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DAWN ROBINSON at (352 , 634-1937
Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$105.00 Filing Fees
Mailing Address: Street Address: New Filliam Station

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Signed this 19	TH day of SEPTEMBER	. 2022	·
Required Signar	ture for <u>Florida Profit Corporation:</u>		
Signature of Dire	ector. Officer, or, if Directors or Office	rs have not been selected, an Inc	corporator:
Brenda	RENDA D BAILEY BRADY Title: PRE		
Printed Name: _	RENDA D BAILEY BRADY Title:	SIDENT & CEO	_
companies: [Se	ture(s) on behalf of Converting Flore e below for required signature(s).]		
Signature:	renda D. Bailey BRENDA D BAILEY BRAD	Brady	
Printed Name:_B	RENDA D BAILEY BRAD	Y Title: MÁNAGER	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	202
			2 SEP
Printed Name:			INPL SEP 27 AM 10: 45
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Printed Name:		Title:	ORIGINATE S
Signature:			
Printed Name:		Title:	
If Florida Gene Signature of one	ral Partnership or Limited Liability General Partner.	Partnership:	
	ted Partnership or Limited Liability LL General Partners.	Limited Partnership:	
If Florida Limit Signature of a M	ted Liability Company: lember or Authorized Representative.		
All others: Signature of an a	authorized person.		
Fees for Certified	of Conversion: Florida Articles of Incorporation: d Copy: ate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	