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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

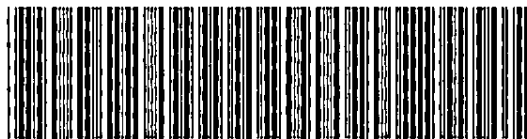
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

22

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** iCovest Capital Group

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:

Keith I Rushing

Contact Person

iCovest Capital Group

Firm/Company

1477 S 393

Address

Santa Rosa Beach, FL 32459

City, State and Zip Code

keith@icovestcapital.com

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

For further information concerning this matter, please call:

Keith I Rushing at (831) 566 6598

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                      and Certified Copy                      Certified Copy, and  
Status    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:

iCovest Capital Group California Corporation

Enter Name of the Converting Entity

2. The converting entity is a S-Corp

(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 California

(Enter state, or if a non-U.S. entity, the name of the country)

on October 14, 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**:

ICovest Capital Group Corporation

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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TALLAHASSEE, FLORIDA

Signed this 5 day of December, 2022

**Required Signature for Florida Profit Corporation:**

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

DocuSigned by:  
Keith Rushing 12/5/2022

Printed Name: Keith I Rushing Title: President

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

Signature: Keith Rushing 12/5/2022

Printed Name: Keith Rushing 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)

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: iCovest Capital Group Corporation

**ARTICLE II    PRINCIPAL OFFICE**  
The principal place of business/mailling address is:

Principal street address  
1477 S 393, Santa Rosa Beach, FL 32459

Mailing address, if different is:  
104 Tall Pine Rd. St Simons Island, GA 31522

**ARTICLE III    PURPOSE**  
The purpose for which the corporation is organized is:  
To operate a mortgage brokerage in Florida as a domestic corporation rather than a foreign corporation.

**ARTICLE IV    SHARES**    1  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V    OFFICERS AND/OR DIRECTORS**

Name and Title: Keith I Rushing, President  
Address: 104 Tall Pine Rd  
St Simons Island, GA 31522

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Keith I Rushing, Sec/Treasurer  
Address: 104 Tall Pine Rd  
St Simons Island, GA 31522

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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: Northwest Registered Agent LLC  
Address: 7901 4th St. N Ste 300  
St Petersburg, FL 33702

\*\*\*\*\*  
*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*

Ton Glover  
Required Signature/Registered Agent

12/05/2022  
Date

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2022 DEC 12 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA