

P23000003183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

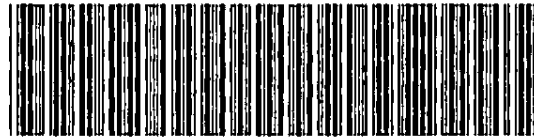
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JULIA A. GRIFFIN, CLERK

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W22-153485



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2022

JOHN G JACKSON
INTEGRATED FINANCIAL SYSTEMS, INC
106 SWIFT CREEK CT
NICEVILLE, FL 32578

SUBJECT: INTEGRATED FINANCIAL SYSTEMS, INC
Ref. Number: W22000153485

We have received your document for INTEGRATED FINANCIAL SYSTEMS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the marked sections in the Articles of Conversion. A signature is missing.

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: 822A00027697

2022

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DANIEL O'KEEFE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Integrated Financial Systems, 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:

John G Jackson

Contact Person

Integrated Financial Systems, INC

Firm/Company

106 Swift Creek CT

Address

Niceville, FL 32578

City, State and Zip Code

integrated.financial.systems@gmail.com

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

For further information concerning this matter, please call:

John G Jackson at (410) 493-4595

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:

Integrated Financial Systems, INC
Enter Name of the Converting Entity

2. The converting entity is a profit corporation
(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 Nevada
(Enter state, or if a non-U.S. entity, the name of the country)

on 18 September 1995
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**:
Integrated Financial Systems, 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: 1 January 2023
(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.)

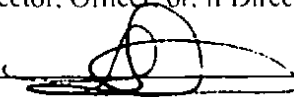
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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TALLAHASSEE, FLORIDA


Signed this 30th day of November, 2022.

Required Signature for Florida Profit Corporation:

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


Printed Name: John G Jackson Title: President

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

Signature: 

Printed Name: John G Jackson 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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FALLAH ASSOCIATES, P.A.
10000

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

ARTICLE I NAME
The name of the corporation shall be: Integrated Financial Systems, INC

The name of the corporation shall be:

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

The principal place of business/ mailing address is:

Mailing address, if different is:

Niceville, FL 32578

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

The purpose for which the corporation is organized is:

Any and all lawful business.

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ARTICLE IV **SHARES** 25,000
The number of shares of stock is:

The number of shares of stock is:

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: John G Jackson, President Name and Title: Scott C McKay, Director

Name and Title: John G Jackson, President

Address: 106 Swift Creek CT
Niceville, FL 32578

Name and Title: Scott C McKay, Director

Address: 6487 Summer Cloud Way
Columbia, MD 21045

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: John G Jackson
Address: 106 Swift Creek CT
Niceville, FL 32578

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

30 November 2022
Date

FILED
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TALLAHASSEE, FL 32309