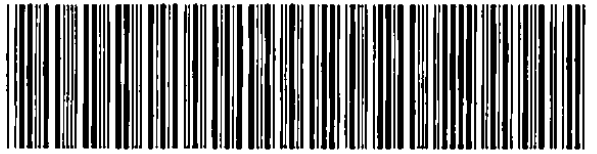


W24 000029574



600424614876

02/25/24 --01020--012 ++52.50

03/25/24 --01015--022 **60.00

FILED

2024 FEB 26 PM 2:24

FILED

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24 000039870
Incarnet Farm
W 24 0000 66769

Office Use Only

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MARK C. MCGRUFF INSURANCE AGENCY, PA

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:

JEROME R. MAURER, JR.

Contact Person

MCGRAW AND MAURER ACCOUNTING, INC.

Firm/Company

1216 NW 13TH STREET

Address

GAINESVILLE, FL 32601

City, State and Zip Code

maurer1216 @ yahoo.com

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

For further information concerning this matter, please call:

JEROME R. MAURER, JR.

at (352) 374-6789

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

2024 FEB 26 PM 2:24

FILED

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:

MARK C. MCGRIFF, LLC L13-21541
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 FEBRUARY 11, 2013
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:

MARK C. MCGRIFF INSURANCE AGENCY, PA
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: MARCH 15, 2024
(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.

2024 FEB 26 PM 2:24

Signed this 29TH day of APRIL, 2024.

Required Signature for Florida Profit Corporation:

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

Printed Name: JULIE MCGRUFF Title: OFFICER

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

Signature: _____

Printed Name: JULIE MCGRUFF Title: MEMBER

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)

2024 FEB 26 PM 2:24

FILED

**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: MARK C. MCGRUFF INSURANCE AGENCY, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

1120 NW 13TH STREET
GAINESVILLE, FL 32601

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSURANCE SALES AND Policy SERVICING

ARTICLE IV SHARES

The number of shares of stock is: 10,000.

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: MARK C. MCGRUFF / PRESIDENT

Address: 1120 NW 13TH STREET
GAINESVILLE, FL 32601

Name and Title: JULIE MCGRUFF / SECRETARY

Address: 1120 NW 13TH STREET
GAINESVILLE, FL 32601

Name and Title: _____

Address: _____

Name and Title: MARK C. MCGRUFF / DIRECTOR

Address: 1120 NW 13TH STREET
GAINESVILLE, FL 32601

Name and Title: JULIE MCGRUFF / DIRECTOR

Address: 1120 NW 13TH STREET
GAINESVILLE, FL 32601

Name and Title: _____

Address: _____

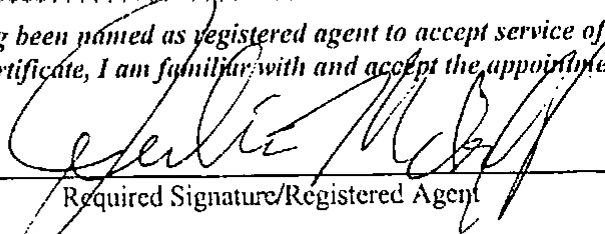
2024 FEB 20

ARTICLE VI REGISTERED AGENT

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

Name: JULIE MCGRIF
Address: 1120 NW 13TH STREET
GAINESVILLE, FL 32601

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

04/29/24
Date

FILED
2024 FEB 26 PM 2:24
FL