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| | (Requestor's Name) | |
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| | (Address) | |
| | (Address) | |
| | (City/State/Zip/Phone #) | - |
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| PICK-UF | WAIT | MAIL |
| - | (Business Entity Name) | |
| | | |
| + | (Document Number) | |
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| Certified Copies | Certificates of S | Status |
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| Special Instructions | to Filing Officer: | |
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Office Use Only



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K. Brumbley

COVER LETTER

Tallahassee, FL 32314

| TO: | New Filing Section Division of Corporations | |
|-------------|---|------|
| SUBJ | CT: Cecilia M Zachary CPA PA Name of Resulting Florida Profit Corporation | |
| | Name of Resulting Florida Profit Corporation | |
| | losed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligito a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S. | ible |
| Please | eturn all correspondence concerning this matter to: | |
| | Cecilia Zachary Contact Person | |
| | Contact Person | |
| | Cecilia M Zachary CPA PA Firm/Company | |
| | Firm/Company | |
| _4 | H17 13 th St PMB 445 | |
| | Address | |
| ر د | Saint Cloud FL 34769 | |
| | City, State and Zip Code | |
| | CMZCPa @ gmail.com | |
| ŀ | mail address: (to be used for future annual report notification) | |
| | her information concerning this matter, please call: | |
| | Name of Contact Person Area Code and Daytime Telephone Number | |
| | Name of Contact Person Area Code and Daytime Telephone Number | |
| Enclos | d is a check for the following amount: | |
| S 10 | .00 Filing Fees | |
| | Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The 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: |
|---|
| Cecilia M. Zachary, C.P.A., P.C. Enter Name of the Converting Entity |
| Enter Name of the Converting Entity |
| 2. The converting entity is a Professional 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 |
| on July 2 1992 Enter date "Converting Entity" was first organized, formed or incorporated. |
| 3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> |
| Cecilia M Zachary CPA PA Enter Name of Florida Profit 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 Florid 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. |

| Signed thisday of | . 20_24 |
|--|---|
| Required Signature for Florida Profit Corporation | on: |
| Signature of Director, Officer, or, if Directors or Off | · |
| Printed Name: Cecilia M ZachanyTitle: | President |
| Required Signature(s) on behalf of Converting Fl companies: [See below for required signature(s).] | orida partnerships, limited partnerships, and limited liability |
| Signature: | |
| Printed Name: | Title: |
| 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 Liabili Signature of one General Partner. | ity Partnership: |
| If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners. | ty Limited Partnership: |
| If Florida Limited Liability Company: Signature of a Member or Authorized Representative | s. |
| 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)

| T1 : 1 1 C1 : / '11' | <u>ICE</u> |
|---|--|
| The principal place of business/mailing ac | ddress is: |
| Principal street address | Mailing address, if different is: |
| 1632 Contentment L | 100p 4417 13th St, PMB 445 144 Saint Cloud FL 34769 |
| 1632 Contentment L Kissimmer FL 347 | 544 Saint Cloud FL 34769 |
| ARTICLE III PURPOSE The purpose for which the corporation is | is organized is: |
| Certified Public Ac | countant Services |
| | |
| | |
| | |
| | |
| | · · |
| ARTICLE IV SHARES The number of shares of stock is: | 1,000 |
| ARTICLE V OFFICERS AND/O | OR DIRECTORS |
| | |
| Address: 1632 Content | ment Loop Address: |
| Kissimmee PL | - 34744 |
| Name and Title: Cecilia Zacha | Cry, Treasurer and Title: |
| Address: 1632 Contenty | ment Loop Address: |
| _ | ment Loop Address: - 34744 |
| Kissimmee FL | |
| Kissimmec FL Name and Title: | |

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

Name:

Cecilia M Zachary

Address:

1632 Contentment Loop

Kissimmee FL 34744

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

Date

ARTICLE VI REGISTERED AGENT