

P24000072483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

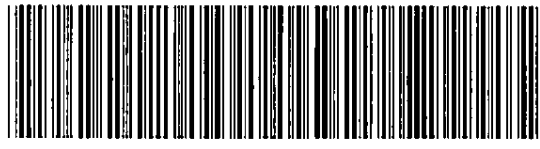
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24000153354
12-3-24

Office Use Only



800439192008

FILED
2024 DEC -3 AM 4:21
TALLAHASSEE, FLORIDA
CLERK OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2024

JAMEL OLIVER
147 TALLGATE TRL
LONGWOOD, FL 32750 US

SUBJECT: LIGHTHOUSE LEARNING INC.
Ref. Number: W24000153354

2024 DEC -3 AM 4:21
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED

We have received your document for LIGHTHOUSE LEARNING INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Monique K Anderson
Regulatory Specialist II

Letter Number: 024A00024933

2024 DEC -3 AM 9:55
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL

RECEIVED

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:

Lighthouse Learning LLC

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 07/29/2020
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:

Lighthouse Learning 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: 11/3/2024.
(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.)

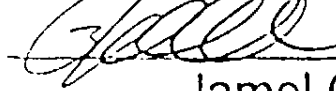
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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CLERK OF THE
SOLICITOR GENERAL
STATE OF FLORIDA

Signed this 3 day of November, 2024.

Required Signature for Florida Profit Corporation:

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

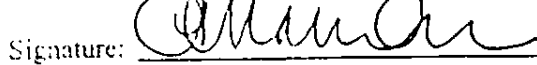


Printed Name: Jamel Oliver Title: Owner

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

Signature: 

Printed Name: Jamel Oliver Title: Owner

Signature: 

Printed Name: Makenzie Oliver Title: Registered Agent

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 DEC -3 AM 4:21
STATE
OF
FLORIDA

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: Lighthouse Learning Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

385 S Pearl Lake Cswy
Altamonte Springs Fl, 32714

147 Tollgate Trl,
Longwood Fl

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Purpose of Lighthouse Learning is to provide educational support to students and families

ARTICLE IV SHARES

The number of shares of stock is: 0

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Jamel Oliver COO

Address: 147 Tollgate Trl
Longwood Fl, 32750

Name and Title: Makenzie Oliver CEO

Address: 147 Tollgate Trl,
Longwood Fl, 32750

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2024 DEC -3 AM 4:21
MAKENZIE OLIVER
FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Makenzie Oliver
Address: 147 Tollgate Trl
Longwood, Fl, 32750

.....
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

11/2/24
Date

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FLORIDA SECRETARY OF STATE
TALLAHASSEE, FL 32310-0001