

N20000005066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

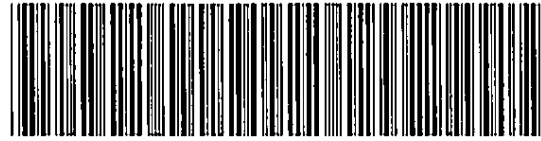
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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MAY 06 2020

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Senior Pals, Inc
_____ (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Joyce DeWese White

Name (Printed or typed)

2379 Amherst Ave

Address

Spring Hill FL 34609

City, State & Zip

727-277-3667

Daytime Telephone number

Seniorpals20@gmail.com

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

NOTE: Please provide the original and one copy of the articles.

Articles of Conversion
For
Converting Eligible Entity
^{Not} Into
Florida Profit Corporation

Florida Non 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.
Non Profit *Chapter 617, FS*

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
Senior Pals, 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 **01/27/2020**
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:
Senior Pals, Inc

Enter Name of Florida Profit Corporation
non profit

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

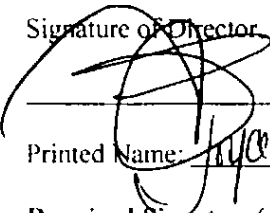
5. If not effective on the date of filing, enter the effective date: _____
(The effective date: **Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.**)

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.


Signed this 4th day of May, 2020.

Required Signature for Florida Profit Corporation:

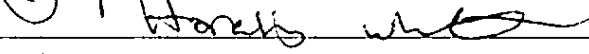
Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:


Printed Name: Joyce DeWor White Title: Incorporator

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

Signature: 

Printed Name: Joyce DeWor White Title: Manager

Signature: 

Printed Name: Horatio White Title: Treasurer

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
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME Senior Pals, Inc
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address:	Mailing address, if different is:
2379 Amherst Ave	_____
_____	_____
Spring Hill, FL 34609	_____
_____	_____

ARTICLE III PURPOSE _____ exclusively for charitable, religious, educational and scientific
The purpose for which the corporation is organized is: _____
_____ purposes including for such purposes the making of distributions to organizations that qualify as exempt
_____ organizations under section 501 (c)(3) of the internal revenue code or the corresponding section of any future
_____ federal tax code and herein stated as follows: The specific purpose of this corporation will be to provide advocacy,
_____ linkage to resources, community outreach programs, education, training, public awareness programs and any
_____ other related support or service that will reduce isolated induced depression. *among the aged*
_____ population. *JW*

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as per the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Joyce DeWese-White/President	Name and Title:	_____
Address	2379 Amherst Ave	Address:	_____
	Spring Hill FL 34609		_____
	_____		_____
Name and Title:	Maureen White / <i>secretary</i>	Name and Title:	_____
Address	633 Arbor Station Ln #53	Address:	_____
	Tallahassee FL 32312		_____
	_____		_____
Name and Title:	Horatio White / <i>Treasurer</i>	Name and Title:	_____
Address	2379 Amherst Ave	Address:	_____
	Spring Hill FL 34609		_____
	_____		_____

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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: Joyce DeWese-White
Address: 2379 Amherst Ave
Spring Hill FL 34609

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Joyce DeWese White
Address: 2379 Amherst Ave
Spring Hill FL 34609

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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.

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 of Registered Agent

5/4/2020
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature of Incorporator

5/4/2020
Date