P24000046583

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Wa 4000 059704					

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April 15, 2024

SUSAN BARTON 1808 NORSEMAN CT MIDDLEBURG, FL 32068 US

SUBJECT: AFTER DARK INVESTIGATIONS, INC.

Ref. Number: W24000059704

We have received your document for and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6052.

Letter Number: 324A00008164

KAIN COSTELLO Regulatory Specialist II New Filing Section

www.sunbiz.org

COVER LETTER

Division of Cor					
SUBJECT: After D	ark Investigati	ons, Inc.			
3000000		Resulting Florida	Profit (Corporation	
The enclosed Articles of entity into a "Florida Pro		•		are submitted to convert the follow 33 & 607.0202, F.S.	ing eligible
Please return all corresp	ondence concerning this	s matter to:			
Susan Barton					
	Contact Person				
After Dark Inve	estigations, Inc).			
Firm/Company			,		
1808 Norsema	an Court				
	Address				
Middleburg, Fl	_ 32068				
adinvestigati	City, State and Zip Code	• •			
adinvestigation	as@gmail.com	c <i>3₁</i> ∕~ I			
	be used for future annu		tion)		
For further information	concerning this matter, j	please call:			
Sarah Frack		_{at (} 215	,850)-0359	
Name of Co	ntact Person		ode and	Daytime Telephone Number	
Enclosed is a check for	the following amount:				
□ \$105.00 Filing Fees	■\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing and Certified Co		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Address New Filing Section of Co. P.O. Box 6327	ction rporations		New F Division	Address: Ciling Section on of Corporations entre of Tallahassee	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion <u>and attached Articles of Incorporation</u> 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:

After Dark Investigations, Inc.
Enter Name of the Converting Entity
2. The converting entity is a S-Corp
(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 Pennsylvania
(Enter state, or if a non-U.S, entity, the name of the country)
on 06/15/2021
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> After Dark Investigations, 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:
(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 18th day of March	. 2024			
Required Signature for Florida Profit Corporation:				
Signature of Director, Officer, or, if Directors or Office	ers have not been selected, an Incorporator:			
Printed Name: Susan Barton Title: Office	er			
companies: [See below for required signature(s).]	ida partnerships, limited partnerships, and limited liability			
Signature: Signature:				
Printed Name: Susan Barton	_ _{Title:} Owner			
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 <u>ALL</u> 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: Fees for Florida Articles of Incorporation: Certified Copy:	\$35.00 \$70.00 \$8.75 (Optional)			

\$8.75 (Optional) \$8.75 (Optional)

Certificate of Status:

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of	the corporation shall be: After Dark Ir	vestigations, Inc	
<u>ARTICLE</u>			
The principal	l place of business/mailing address is:		
	Principal street address	Mailing address, if different is:	
1808 N	orseman Court		
Middlet	ourg, FL 32068		
	for which the corporation is organized is:	e in any lawful activity for which corporations	
	e incorporated in this state.		
may be	incorporated in this state.		
ARTICLE	IV SHARES 100		
	of shares of stock is: 100'		
	<u>v officers and/or directors</u> itle: Susan Barton, Officer		
Name and Title Address:		Name and Title:	
	1808 Norseman Court		
	Middleburg, FL 32068	<u></u>	
Name and Title:		•	
Address:		Address:	
Name and T	itle:	Name and Title:	
Address:		A.J	
		Address:	
			

ARTICLE VI REGISTERED AGENT

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

Name:

SUSAN SARTON

Address:

Middleburg FT 32068

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

RECEIVED NOW HAY 22 PM 1: 17