P25000008380

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Cheyanne at 850-202-1882

Date:	02/13/2025		
	Cheyanne Davis	<u></u>	
Reference #:	2657134		r) . ,)
Entity Name:	JORDAN PAUL AG	ENCY - STATE FARM LLC	_
			رد
✓ Article	s of Incorporation/Authorizatio	n to Transact Business	; ;
Amen	dment	:	-1
☐ Chang	ge of Agent		
☐ Reinst	tatement		
✓ Conve	ersion		
Merge	r		
☐ Dissol	ution/Withdrawal		
Fictition	ous Name		
Other_			
Authorized A	mount: \$105		
Signature:	Chyme Paine		

COVER LETTER

TO:	New Filing Sec Division of Co							
CHIDI	ECT:	JORDAN PAUL	INSU	RANCE AGEN	NCY INC			
SUBJ	ECT	Name of	Resulti	ng Florida Profit	Corporation	_		
		of Conversion, Articles of rofit Corporation" in acc			s are submitted to convert 933 & 607.0202, F.S.	t the follow	ving eli	gible
Please	e return all corres	pondence concerning thi	s matte	r to:				
		JORDAN PAUL				. ·	63	
		Contact Person					1	
	JORDAN PAL	JL INSURANCE AGE	ENCY	INC			. ;	
		Firm/Company	-	 			،	; , ; ;
	6820 LYONS	TECHNOLOGY CIR	STE	235			: 	ָרָי. ·
		Address				;	1	
	COCO	NUT CREEK, FL 330	73					
		City, State and Zip Cod	e	 _				
	jordan.pa	ul.vabbce@statefarn	n.com					
	E-mail address: (to be used for future anni	ual repo	ort notification)				
For fu	irther information	concerning this matter,	please	call:				
	JORDA	AN PAUL	_at (954	588-7598	_		
	Name of C	ontact Person		Area Code and	d Daytime Telephone Nu	mber		
Enclo	sed is a check for	r the following amount:						
_ \$1	05.00 Filing Fees	= _\$113.75 Filing Fees and Certificate of Status		13.75 Filing Fees Certified Copy	_\$122.50 Filing Fees. Certified Copy, and Certificate of Status			
	Mailing Add New Filing S Division of C P.O. Box 632	ection Corporations		New I Divis	t Address: Filing Section ion of Corporations Centre 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	s:		
JORDAN PAUL AGENCY - STATE FARM LLC			
Enter Name of the Converting Entity		f 3	
2. The converting entity is aLIMITED LIABILITY COMPANY			٠.
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)		زر ت	
first organized, formed or incorporated under the laws of	•	;	, ;
(Enter state, or if a non-U.S. entity, the name of the country)	, 17 11 1	 ر _د	الم
on 8/15/2020		7:1.7	
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> JORDAN PAUL INSURANCE AGENCY INC	<u>n:</u>		
Enter Name of Florida Profit Corporation			
4. This conversion was approved by the eligible converting entity in accordance with this chapter an current/organic jurisdiction.	d the l	aws of i	ts
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 a Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the			
listed as the document's effective date on the Department of State's records.	is date	WIII IIO	i oc

Signed thisday ofFEBRU	ARY 2025	
Required Signature for Florida Profit Corporation:		
Signature of Director, Officer, or, if Directors or Office	ers have not been selected, an Incor	-
Printed Name: JORDAN PAUL	PRESIDENT	
Required Signature(s) on behalf of Converting Flor companies: [See below for required signature(s).]	ida partnerships, limited partner	ships, and limited liability
Signature: Jordan Paul		· · · · · · · · · · · · · · · · · · ·
Signature:	Title:PRESIDENT	
Signature:		<u> </u>
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		<u>. </u>
Printed Name:	Title:	
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:	
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: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

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

The name of the		N PAUL INSURANCE AGENCY INC	
	PRINCIPAL OFFICE ce of business/mailing address is:		
The principal pla	Principal street address	Mailing address, if different is:	
6820 LYONS	TECHNOLOGY CIR STE 235		
coco	NUT CREEK, FL 33073		!`}
ARTICLE III The purpose for	PURPOSE which the corporation is organized is:		
	Insurance Sa	ales and Services	:
		() = 	;;; [
		·	
ARTICLE IV	SHARES	100	
	nares of stock is:	100	
ARTICLE V	OFFICERS AND/OR DIRECTOR	<u>88</u>	
Name and Title:	JORDAN PAUL - PRESIDENT	Name and Title:	
Address:	6820 LYONS TECHNOLOGY	CIR STE 235 Address:	.,
_	COCONUT CREEK, FL 33073	<u> </u>	
Name and Title:		Name and Title:	
_			
Name and Title:		Name and Title:	
-			

ARTICLE VI REGISTERED AGENT

ime:	JORDAN PAUL		
ldress:	6820 LYONS TECHNOLOGY CIR, -SUITE 235 - COCONUT CREEK, FL 33073		
is certific	**************************************	t as registered agent and agree to act i	signate
s certific	ate, I am familiar with and accept the appointment ordan Paul		signate
s certific	ate, I am familiar with and accept the appointment	t as registered agent and agree to act i	esignate
certific	ate, I am familiar with and accept the appointment ordan Paul	t as registered agent and agree to act i	esignate