

P2300000 8783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

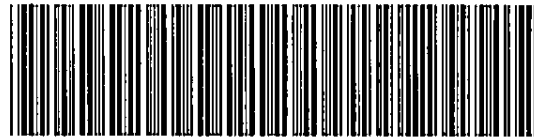
Special Instructions to Filing Officer:

Office Use Only

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T. SCOTT

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Law Office of Dianne Grant, P.A.  
Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Dianne Grant

Contact Person

Law Office of Dianne Grant, P.A.

Firm/Company

11555 Heron Bay Blvd., Suite 200

Address

Coral Springs, FL 33076

City, State and Zip Code

diannegrantatty@gmail.com

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

For further information concerning this matter, please call:

Dianne Grant at ( 954 ) 549-6502

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees     \$113.75 Filing Fees     \$113.75 Filing Fees     \$122.50 Filing Fees,  
and Certificate of Status    and Certified Copy    Certified Copy, and  
Certificate of Status

**Mailing Address:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

New Filing Section  
Division of Corporations  
The 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:

**Law Office of Dianne Grant, 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 **08/08/2018**

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:**

**Law Office of Dianne Grant, P.A.**

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.

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CORPORATION  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

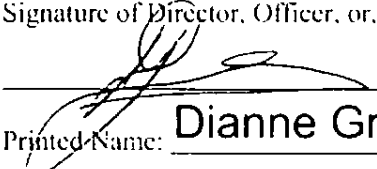
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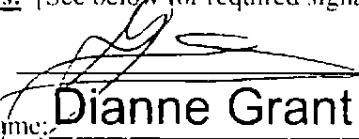
Signed this 11th day of July, 2022

**Required Signature for Florida Profit Corporation:**

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

  
Printed Name: Dianne Grant Title: President

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

Signature:   
Printed Name: Dianne Grant Title: MGR

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 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  
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: Law Office of Dianne Grant, P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

11555 Heron Bay Blvd., Ste 200

Coral Springs, FL 33076

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business.

**ARTICLE IV SHARES** 100

The number of shares of stock is:

**ARTICLE V OFFICERS AND/OR DIRECTORS**

Name and Title: Dianne Grant

Address: 11555 Heronbay Blvd., Ste 200  
Coral Springs, FL 33076

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: President

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

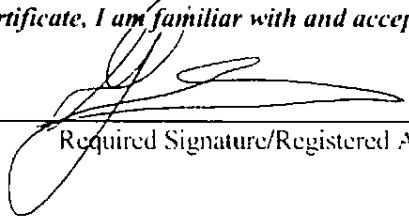
Name: Dianne Grant

Address: 11555 Heron Bay Blvd., Ste 200

Coral Springs, FL 33076

\*\*\*\*\*

*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

July 11, 2022  
Date

Scott, Tyrone K.

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**From:** [REDACTED]  
**Sent:** Friday, February 3, 2023 3:48 PM  
**To:** Scott, Tyrone K.  
**Subject:** Law Office of Dianne Grant, P.A.

**EMAIL RECEIVED FROM EXTERNAL SOURCE**

For Article III, The purpose for which this corporation is organized is, please outline the following

- LEGAL SERVICES

Further, I am aware that the start date of the PA will be February 02, 2023

SIGNED: *Dianne Grant*  
DATED: 02/03/2023



Dianne C Grant, Esquire  
Law Office of Dianne Grant

[REDACTED]  
0626  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]