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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

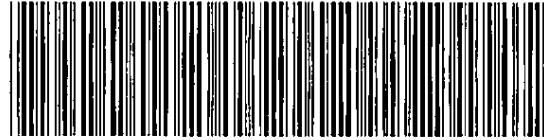
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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2024



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 4, 2024

PAMELA J DAVEY  
5168 POINT SHORES LN  
GULF BREEZE, FL 32563 US

SUBJECT: GULF COAST FRIENDS  
Ref. Number: W24000054367

There is a fee of \$105.00 due.

The Certificate of Conversion must contain the name of the limited liability company as set forth in the attached articles of organization.

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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

KAIN COSTELLO  
Regulatory Specialist II  
New Filing Section

Letter Number: 424A00007281

5/10/24

Certificate of Conversion  
For  
"Other Business Entity"  
Into  
Florida ~~Profit~~ Corporation  
*Non-Profit*

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida ~~Profit~~ Corporation in accordance with s. ~~607.145~~, Florida Statutes.  
*Non-Profit* *607*

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Gulf Coast Friends LLC  
Enter Name of Other Business Entity

2. The "Other Business 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 Sept. 8, 2022  
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida ~~Profit~~ Corporation as set forth in the attached Articles of Incorporation:  
*Non-Profit*

Gulf Coast Friends, Inc.  
Enter Name of Florida ~~Profit~~ Corporation  
*Non-Profit*

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 7<sup>th</sup> day of March 2024, 20    

Required Signature for Florida ~~Profit~~ <sup>Not Profit</sup> Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: Pamela J. Davey  
Printed Name: Pamela J. Davey Title: President

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Pamela J. Davey

Printed Name: Pamela J. Davey Title: President

Signature: Wilma Raynor

Printed Name: Wilma Raynor Title: Vice President

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:

- Certificate 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**

The name of the corporation shall be: Gulf Coast Friends Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

5168 Point Shores Ln.  
Gulf Breeze, FL 32563

Mailing address, if different is:

P.O. Box 294  
Gulf Breeze, FL 32562

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Organized exclusively for social and charitable purposes 501(c)(7)

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_

As stated by the bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Pamela J. Davey - President</u>	Name and Title: <u>Wilma Raynor, Vice President</u>
Address: <u>5168 Point Shores Ln.</u> <u>Gulf Breeze, FL 32563</u>	Address: <u>1262 Point East Circle</u> <u>Gulf Breeze, FL 32563</u>

Name and Title: <u>Julie Anderson, Treasurer</u>	Name and Title: _____
Address: <u>1 Portofino Dr. Apt. 808</u> <u>Pensacola Beach, FL 32561</u>	Address: _____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

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

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

\_\_\_\_\_

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\_\_\_\_\_

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: Pamela J. Davey

Address: 5168 Point Shores Ln.  
Gulf Breeze, FL 32563

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Pamela J. Davey

Address: 5168 Point Shores Ln.  
Gulf Breeze, FL 32563

**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*

Pamela J. Davey  
Required Signature of Registered Agent

3/7/2024  
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.*

Pamela J. Davey  
Required Signature of Incorporator

3/7/2024  
Date