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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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J. BRYAN

MAY - 7 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Gulf Coast Hurricane State (Name of Resulting	ystems, LLC Florida Limited Company)	_ 6
The enclosed Certificate of Conversion, Ar convert an "Other Business Entity" into a "accordance with s. 608.439, F.S.			to
Please return all correspondence concerning	g this matter to:		
Adonna Mullen			
(Contact Person)			
(Firm/Company)			08 MAY -5 PM
5239 Collins Drive (Address)			
• • • • • • • • • • • • • • • • • • • •			9
Panama City, Florida 32404 (City, State and Zip Code)			PH
(City, State and Zip Code)			2: 09
For further information concerning this mat	tter, please call:		۵
Adonna Mullen	_at (_850)	227-82	טר
(Name of Contact Person)	(Area Code and Da	sytime Telephone Number)	
Enclosed is a check for the following amou	nt:		
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS:	MAILING A	ADDRESS:	
Registration Section	Registration		
Division of Corporations Clifton Building	Division of C P. O. Box 63		
2661 Executive Center Circle	Tallahassee,		
Tallahassee, FL 32301	- servered day		

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For "Other Business Entity" Into

Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this
Certificate of Conversion is: Gulf Coast Hurricane Systems, Inc. #P0(00000 101909
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a S-Corporation
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, 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 05-01-2006
(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 Limited Liability Company as set forth in the attached Articles of Organization:
Gulf Coast Hurricane Systems, LLC
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: 1) cannot be prior to nor medocument is filed by the Florida Department of a effective date listed in the attached Articles of O listed therein.)	ore than 90 days after the date this State; <u>AND</u> 2) must be the same as	the
Signed this 16 day of April	20_08	
Signature of Authorized Person:		
Printed Name: Adonna Mullen Title:	President	_
Fees: Certificate of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00	DIVISION OF CORP

\$30.00 (Optional) \$5.00 (Optional)

Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Gulf Coast Hurricane Systems, LLC (Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 5239 Collins Drive Panama City, Florida 32404 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Adonna Mullen Name 5239 Collins Drive Florida street address (P.O. Box NOT acceptable) Panama City, FL 32404 City, State, and Zip	ARTICLE I - Name: The name of the Limited Liability Compa	any is:			
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 5239 Collins Drive Panama City, Florida 32404 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Adonna Mullen Name 5239 Collins Drive Florida street address (P.O. Box NOT acceptable) Panama City, FL 32404	Gulf Coast Hurricane Systems, (Must end with the words "Limited Liability Company	LLC	·	- U	
5239 Collins Drive Panama City, Florida 32404 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Adonna Mullen Name 5239 Collins Drive Florida street address (P.O. Box NOT acceptable) Panama City, FL 32404	The mailing address and street address of	f the pr	rincipal office of the Limited		
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Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Adonna Mullen Name 5239 Collins Drive Florida street address (P.O. Box NOT acceptable) Panama City, FL 32404		_ _ D		<u>-</u> -	
Adonna Mullen Name 5239 Collins Drive Florida street address (P.O. Box NOT acceptable) Panama City, FL 32404	Signature:			180	DIVISI DIVISI
Adonna Mullen Name 5239 Collins Drive Florida street address (P.O. Box NOT acceptable) Panama City, FL 32404	individual or another	J		到一	SHE THE
Name 5239 Collins Drive Florida street address (P.O. Box NOT acceptable) Panama City, FL 32404	The name and the Florida street address of	of the r	registered agent are:		25,50
Florida street address (P.O. Box <u>NOT</u> acceptable) Panama City, FL 32404	Adonna Mullen			2) AND STA
Florida street address (P.O. Box <u>NOT</u> acceptable) Panama City, FL 32404		Name	3	تِي	2 5
Panama City, FL 32404	5239 Collins Drive			6.5	5 5
	Florida street addres	s (P.O.	Box NOT acceptable)		
City, State, and Zip	Panama City,		FL 32404		
	Cit	ty, Stat	e, and Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
.		
MGR	Adonna Mullen	
	5239 Collins Drive Panama City, Florida 32404	
	r anama City, Pionua 32404	
		
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	(Use attachment if necessary)	1
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LE V: Effective date, if other than the fective date: 1) cannot be prior to n ent is filed by the Florida Departmentative date listed in the attached C	(OPTIONAL) or more than 90 days after the date nt of State; <u>AND</u> 2) must be the sam	this one as
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