

L10000062771

(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:

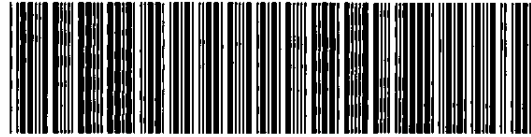
w1-27228

A. LUNT

JUN 11 2010

EXAMINER

Office Use Only



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06/04/10--01005--013 **155.00

STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

2010 JUN 10 PM 2:40

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2010

CHRISTINA MILLER
405 STATE ROAD 13N STE 106 #157
ST JOHNS, FL 32259

SUBJECT: HEAD ABOVE WATER, LLC
Ref. Number: W10000027228

We have received your document for HEAD ABOVE WATER, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Fictitious names can not convert. You may file as a limited liability company with the articles of organization and just let the fictitious name expire on it's own.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 010A00014063

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEAD ABOVE WATER, LLC
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

CHRISTINA MILLER
(Contact Person)

HEAD ABOVE WATER, LLC
(Firm/Company)

405 STATE RD 13N, STE 106 #157
(Address)

ST JOHNS FL 32259
(City, State and Zip Code)

CMILLER, HEADABOVEWATER@GMAIL.COM
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

CHRISTINA MILLER at (904) 228-9325
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEAD ABOVE WATER, 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:

822 ORANGEWOOD RD
ST JOHN, FL 32259

Mailing Address:

405 STATE RD 13N
STE 106 #157
ST JOHN, FL 32259

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:

CHRISTINA MINER
Name
822 ORANGEWOOD RD
Florida street address (P.O. Box **NOT** acceptable)
ST JOHN, FL 32259
City, State, and Zip

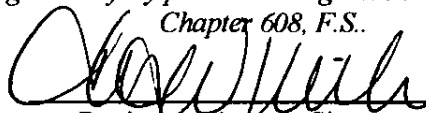
STATE OF FLORIDA
TALLAHASSEE

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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)

Page 1 of 2

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

CHRISTINA MILLER
822 ORANGEWOOD RD
ST JOHNS, FL 32259

mGRm

JOHN CLARK
10776 LIPPIZAN DR
JACKSONVILLE, FL 32257

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1 JUNE 2010
(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CHRISTINA MILLER

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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FILED
CLERK OF THE
COURT
JULIA HASTON
FLORIDA