

L11000041657

(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:

W110000416032

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 07 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2011

DALE S. WILSON / PENNY HOPPER
DALE S. WILSON, P.A.
PO BOX 1808
GREEN COVE SPRINGS, FL 32403

SUBJECT: FIRST COAST FUSION, LLC
Ref. Number: W11000016032

We have received your document for FIRST COAST FUSION, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes prohibits a Florida non-profit corporation from being a party in a conversion. A Florida non-profit corporation may be a party in a merger; however, the Florida non-profit corporation must be the surviving entity.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 711A00006842

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Coast Fusion, 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:

Dale S. Wilson/ Penny Hopper

(Contact Person)

Dale S. Wilson, P. A.

(Firm/Company)

PO Box 1808

(Address)

Green Cove Springs, FL 32043

(City, State and Zip Code)

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

For further information concerning this matter, please call:

Dale Wilson or Penny Hopper

(Name of Contact Person)

at (904) 284-5618

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization) | <input type="checkbox"/> \$155.00 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$180.00 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
FIRST COAST FUSION CHEER AND DANCE, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I
NAME

The name of the Limited Liability Company is FIRST COAST FUSION CHEER AND DANCE, LLC.

ARTICLE II
NATURE OF BUSINESS

The general character, purpose, and nature of business to be transacted by this Company is: non-profit competitive cheer squad and any other lawful enterprise.

ARTICLE III
ADDRESS

The mailing address and street address of the principal office of the company is:

Street address: 2070 Palmetto Street, Suites 14 and 15, Middleburg, Florida 32043

Mailing address: 2707 Salina Court, Green Cove Springs, Florida 32043.

ARTICLE IV
DURATION

The period of duration for the Limited Liability Company shall be perpetual.

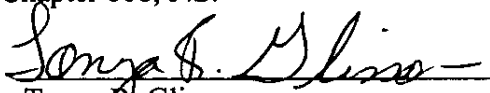
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TALLAHASSEE, FLORIDA

ARTICLE V
REGISTERED OFFICE/AGENT

The name and the Florida street address of the Registered Agent are:

Tonya R. Glisson
5142 CR 209 South
Green Cove Springs, Florida 32043

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.


Tonya R. Glisson

ARTICLE VI
MANAGING MEMBERS/DIRECTORS

Title:

Name and Address:

MGRM/DIRECTOR

Theresa L. Funk
2707 Salina Court
Green Cove Springs, FL 32043

MGRM/DIRECTOR

Tonya R. Glisson
5142 CR 209 South
Green Cove Springs, FL 32043

MGRM/DIRECTOR

Amanda M. Austin
3476 Shelley Drive
Green Cove Springs, FL 32043

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


Tonya R. Glisson, MGRM/DIRECTOR