

L15000135245

(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:  
*Signature 607*

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07/20/15--01017--002 \*\*150.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JUL 20 AM 11:42

*CONVERSION  
EFFECTIVE DATE  
July 31, 2015*

AUG 11 2015  
T CANNON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 24, 2015

KEITH A RAMM  
COASTAL CONSERVATORY LLC  
6120 GOLDEN OAKS LN  
NAPLES, FL 34119

SUBJECT: COASTAL CONSERVATORY INC  
Ref. Number: P15000046370

RECORDED  
15 AUG -7 PM 3:13

We have received your document for COASTAL CONSERVATORY INC 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 Certificate of Conversion must be signed by an authorized person.

*Completed  
see attached*

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

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

New Filing Section.

Letter Number: 115A00015624

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Coastal Conservatory LLC  
(Name of Resulting Florida Limited Company)

The enclosed Articles 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. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Keith A. Ramm  
(Contact Person)

Coastal Conservatory LLC  
(Firm/Company)

6120 Golden Oaks Ln  
(Address)

Naples, FL 34119  
(City, State and Zip Code)

Keith@rammation.com  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Keith Ramm at ( 239 ) 598-5443  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) | <input checked="" type="checkbox"/> \$155.00 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$180.00 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$185.00 Filing Fees,<br>Certified Copy, and<br>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 Conversion  
For  
"Other Business Entity"  
Into  
Florida Limited Liability Company

15 JUL 20 AM 11:42

The Articles 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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
Coastal Conservatory Inc. P15-46370  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corporation  
(Enter entity type. Example: corporation, 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 5/22/2015  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
Coastal Conservatory LLC  
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 07/31/2015  
(The effective date: 1) cannot be prior to date of receipt or filed date 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 Articles of Organization, if an effective date is listed therein.)  
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.

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 25<sup>th</sup> day of June 20 15.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: *Keith A Ramon*  
Printed Name: Keith RAMON Title: MEMBER

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

Signature: *Keith A Ramon*  
Printed Name: Keith Ramon Title: VPT

Signature: *Paula L Ramon*  
Printed Name: Paula L Ramon Title: PO

Signature: *Reagan Ramon*  
Printed Name: Reagan R Ramon Title: D

Signature: *Rachel R Ramon*  
Printed Name: Rachel R Ramon Title: D

Signature: *Lake Ramon*  
Printed Name: LAKE A RAMON Title: D

Signature: X  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

**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.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Coastal Conservatory LLC.  
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

6120 Golden Oaks Ln  
Naples, FL 34119

**Mailing Address:**

6120 Golden Oaks Ln  
Naples, FL 34119

**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:

Keith A Ramm  
Name  
6120 Golden Oaks Ln  
Florida street address (P.O. Box **NOT** acceptable)  
Naples FL 34119  
City Zip

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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 605, F.S.*

X Keith A Ramm  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager

**Name and Address:**

AMBR

Keith A Ramm  
6120 Golden Oaks Ln  
Naples, FL 34119

AMBR

Paula L Ramm  
6120 Golden Oaks Ln  
Naples, FL 34119

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 7/31/2015 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of 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.

**ARTICLE VI:** Other provisions, if any.

None

**REQUIRED SIGNATURE:**

x Keith A Ramm

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0205 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury 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.)

Keith A Ramm  
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)