

L15000189348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

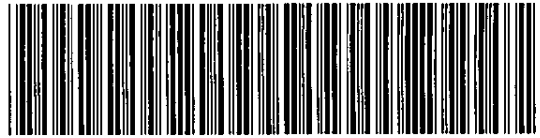
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200275210282

07/24/15--01005--004 \*\*35.00

09/29/15--01012--002 \*\*115.00

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15 NOV -6 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/10/15

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ATLANTIC RESTORATION COUNCIL, 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:

MAX STORY

(Contact Person)

MAX STORY PA

(Firm/Company)

328 2ND AVE NORTH

(Address)

JACKSONVILLE BEACH, FL 32250

(City, State and Zip Code)

MAX@MAXSTORYLAW.COM

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

For further information concerning this matter, please call:

MAX STORY

at (904) 372-4109

(Name of Contact Person)

(Area Code)

(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

\* Fee has already  
been paid, file was  
returned because they  
said it was  
illegible.

Max Story

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15 NOV -6 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 5, 2015

MAX STORY  
328 2ND AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250

SUBJECT: ATLANTIC RESTORATION COUNCIL, LLC  
Ref. Number: W15000051490

We have received your document for ATLANTIC RESTORATION COUNCIL, 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):

You failed to make the correction(s) requested in our previous letter.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 815A00020981

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15 NOV - 6 PM 2:06  
PROPERTY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 29, 2015

MAX STORY  
328 2ND AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250

SUBJECT: ATLANTIC RESTORATION COUNCIL, LLC  
Ref. Number: W15000051490

We have received your document for ATLANTIC RESTORATION COUNCIL, LLC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$115.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 015A00015973

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15 NOV -6 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED SEP 23 2015

**Articles of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

FILED  
15 NOV -6 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:  
ATLANTIC RESTORATION COUNCIL, INC.

(Enter Name of Other Business Entity)

P05000133683

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  
on 11/15/2005.  
(date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country)

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

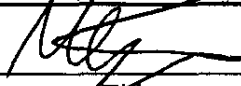
4. If not effective on the date of filing, enter the effective date: DATE OF FILING.  
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; **AND 2) must be the same as the effective date 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.

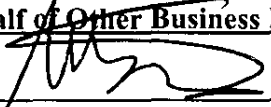
5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 3 day of NOVEMBER 20 15.

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

Signature of Authorized Representative:   
Printed Name: NICOLE STORY Title: \_\_\_\_\_

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

Signature:   
Printed Name: NICOLE STORY Title: PRESIDENT

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

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

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

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

Signature: \_\_\_\_\_  
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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15 NOV -6 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

FILED

15 NOV -6 PM 2: 06

ATLANTIC RESTORATION COUNCIL, LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II - Address:

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

### Principal Office Address:

328 2ND AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250

### Mailing Address:

328 2ND AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250

## 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:

NICOLE STORY

Name

328 2ND AVENUE NORTH

Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE BEACH

FL 32250

City

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 605, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

"AMBR" = Authorized Member  
 "MGR" = Manager  
 MGR

NICOLE STORY  
328 2ND AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250

**ARTICLE V:** 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 business days prior to or 90 days after the date of filing.)

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

**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Typed or printed name of signee

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**  
**\$ 30.00 Certified Copy (Optional)                  \$ 5.00 Certificate of Status (Optional)**

FILED  
15 NOV -8 PM 2:06  
DEPT. OF STATE  
WASHINGTON, D.C. 20520