

L15000193208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **JAMES DAVID MARTIN MINISTRIES, 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:

JAMES D. MARTIN
(Contact Person)

JAMES DAVID MARTIN MINISTRIES, LLC
(Firm/Company)

3262 N.W. 15 STREET
(Address)

LAUDERHILL, FLORIDA 33311
(City, State and Zip Code)

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

For further information concerning this matter, please call:

JAMES D. MARTIN JR. at **054**) **242-9309**
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

<input 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 checked="" type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees. Certified Copy, and Certificate of Status
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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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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:
JAMES DAVID MARTIN MINISTRIES, INC.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a **INCORPORATION**

(Enter entity type. Example: corporation, limited partnership,
general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of **STATE OF FLORIDA**
(Enter state, or if a non-U.S. entity, the name of the country)

on **NOVEMBER 29, 1988**
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

JAMES DAVID MARTIN MINISTRIES, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____

(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 18TH day of NOVEMBER 2015.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: James D. Martin
Printed Name: JAMES D. MARTIN Title: PRESIDENT/RA

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

Signature: James D. Martin
Printed Name: JAMES D. MARTIN Title: PRESIDENT/RA

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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STATE
CLERK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JAMES DAVID MARTIN MINISTRIES, 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:

JAMES DAVID MARTIN
MINISTRIES, LLC
513 SCRIVEN AVE SW
LIVE OAK, FLORIDA 32064

Mailing Address:

JAMES DAVID MARTIN
MINISTRIES, LLC
PO BOX 14861
FT. LAUDERDALE, FLORIDA 33302

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:

JAMES D. MARTIN

Name

3262 NW 15TH STREET

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

LAUDERHILL

City

FL 33311

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.

James D. Martin

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

PRESIDENT/RA

Name and Address:

JAMES D.MARTIN

3262 N.W. 15TH STREET

LAUDERHILL,FLORIDA 33311

VICE-PRESIDENT

EUGENE E.MARTIN

386 S.W. TIMBER RIDGE DR.

LAKE CITY,FLORIDA 32024

DIRECTOR

JOAN WHITE

3010 N. 23RD AVENUE

HOLLYWOOD,FLORIDA 33020

DIRECTOR

CARRIE J.MARTIN

711 S.W. 8TH STREET

NORTH LAUDERDALE,FLORIDA 33068

(Use attachment if necessary)

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.)

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.

Speaker at Churches and Outreaches. Also, food give-a-way at Thanksgiving and Christmas. Also, work with Veterans programs The American Legion and VFW(Life-Member)

REQUIRED SIGNATURE:

James D. Martin 11/18/2015

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.

JAMES D.MARTIN DATE: 11/18/2015

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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AND
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