# L1800261060

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(0.1,7-0.1.1.2.1,7-1.1.0.10.1,7		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Sertifica dopies		
Special Instructions to Filing Officer:		
İ		

Office Use Only

M MOON NOV 0 9 2018



900320328579

11/06/18--01018--028 \*\*155.00



# **COVER LETTER**

TO: New Filing Section Division of Corpo			
SUBJECT: COAST	Hal Courseli (Name of Resultin	ng Flyrida Limited Comp	pany)
		~	fees are submitted to convert an "Other cordance with s. 605,1045, F.S.
Please return all correspo	ondence concerning th	is matter to:	
Jacksanville (City)	Contact Person)  INSELING PA  Firm/Company)  Street North  (Address)  Black FL 3  State and Zip Code)  rtune legal . Cived for future annual report  concerning this matter.	notifications) . please call: . ( <u>904</u> ) <i>52</i>	SECREMANNESSEE TO A SECREM
Enclosed is a check for the dollars and drawn on a ba	-	-	ed by this office must be payable in US
(\$25 for Conversion and		\$180.00 Filing Fees ad Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301		MAILING AI New Filing Se Division of Co P. O. Box 632 Tallahassee, F	ction orporations 7

# **Articles of Conversion**

For

### "Other Business Entity"

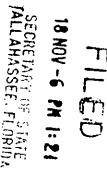
Into

### Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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: $C = A = A + A + A = A + A + A + A + A + A$
COASTAL COUNSELING PA (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a 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 January 9,2012 (date of organization) formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: $01/01/2019$ .
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Department of State.)
<u>Note:</u> 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.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.



Signed this day ofNovember	_20 <u>_18</u>	
Signature of Authorized Representative of Limit	ted Liability Company:	
	1 101.	
Signature of Authorized Representative: Quick Printed Name: JENNIFGE FORTUNE	Tille PRESIDENT JOHNE	<i>o</i> .
Frinted Name: SENNIPOL FULLINGED	Title. TECSTOCIAT THORAGE	<u></u>
Signature(s) on behalf of Other Business Entity:		
Simulation of Forty		
Signature: Gennile Forthe Printed Name: JENNIFER FORTUNE	Title: PRESIDENT /OWNER/	INCURPORATUR
Signature:Printed Name:	<u>-</u> ,,	_
Printed Name:	Title:	_
Signature:		
Signature:Printed Name:	Title:	<del></del> 
C*		
Signature:Printed Name:	Title:	_
rimed Name.		_
Signature:Printed Name:	- <u>-</u> -	_
Printed Name:	Title:	_
Signature:		
Signature:Printed Name:	Title:	<del></del>
If Florida Corporation:	COSTable	
Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.		
The interest of the interest o	or permanental and a second	
If Florida General Partnership or Limited Liabilit	ty Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabilit	v Limited Partnershin:	
Signatures of <u>ALL</u> General Partners.		
All as		
All others: Signature of an authorized person.		
Signature of an audientico person	****	
<u>Fees:</u>		~
And down of Commerciant	\$25.00	12 SE
Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00	CR.
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	A A A A

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Compan	ny is:
COASTAL COUNSE	
(Must contain the words "Limited I.	.iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of t	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1807 3rd Street N Jacksonville Beach, FL	
Jacksonville BERCL, FL	
322.50	
ARTICLE III - Registered Agent, Regist	tered Office, & Registered Agent's Signature:
•••	Registered Agent, You must designate an individual or another
business entity with an active Florida registration.)	

Jennifer Fortune Name

The name and the Florida street address of the registered agent are:

1807 3rd STreet North
Florida street address (P.O. Box NOT acceptable)

Jacksonville Beach FL 32250

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. Thereby 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..

Amign Fortune
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- The name and address of each person a Company:	authorized to manage and control the Limited Liability
Title: "AMBR" = Authorized Member "MGR" = Manager  Jennifer Fortune  Manager	Name and Address:  Jennifer Fortune, Manager 1807 3d St N  Tax Boh, FL 32250
	AS TO
	NON TO THE PARTY OF THE PARTY O
(Use attachment if necessary)	

**REQUIRED SIGNATURE:** 

**ARTICLE V:** 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.

Jennifer Fortune
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)