# L22000536439

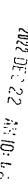
(Requestor's	Name)
(Address)	
(Address)	
(City/State/Zi	p/Phone #)
PICK-UP W	AIT MAIL
(Business Er	tity Name)
(Document N	umber)
Certified Copies Cer	tificates of Status
Special Instructions to Filing Offi	сег:

Office Use Only



000399346250

S. CHATHANI DEC 29 2022



(850) 524-5437 (850) 524-6243	
PLEASE USE FUNDS FROM ACCT:	120210000160 AMOUNT: \$150.00
AUTHORIZATION:  Coldwater Group LLC  Business Name	Document Number, (if known):
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy of Articles of Incorpo	oration
<u>NEW FILINGS</u>	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP PLLC	AmendmentResignation of R.A. Officer/Director Change of Registered AgentDissolution/WithdrawalMergerX_ConversionStatement of Correction
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual ReportFictitious Name	Foreign filing Limited Partnership Reinstatement
APOSTIL ( )Country	Other

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

EXAMINER'S INITIALS:\_\_\_\_\_



December 27, 2022

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: COLDWATER GROUP LLC

Ref. Number: W22000157397

We have received your document for COLDWATER GROUP LLC. However, the document has not been filed and is being returned for the following:

The document is unacceptable for imaging, please amend the document so there isn't a line in the middle of each page.,

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

Summer Chatham Regulatory Specialist II New Filing Section

Letter Number: 222A00028753

PALLAHASSES DE 1:11

### **COVER LETTER**

TO:	New Filing Se Division of C				
	JECT: Coldwate	•			
SUBJ	JECT:	(Name of Res	ulting Florida Lir	nited Con	npany)
			_		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	e return all corre	espondence concerning	g this matter to	):	
Ward	Council				
		(Contact Person)		<del>_</del>	
The L	aw Office of War	d Council LLC			
		(Firm/Company)	<del></del>		
P.O. 6	Box 72305				
		(Address)	<u></u>	<del></del>	
Marie	tta, GA 30007	, ,	_		
	((	City, State and Zip Code)		_	
wdwa	tl@bellsouth.net				
E-1	nail Address: (to b	e used for future annual re	port notifications	)	
For fi	irther information	on concerning this ma	tter, please cal	l:	
Ward	Council		_at ( <u>678</u>	) 472-2	2484
	(Name of Conta	ct Person)	(Area Co	de) (Day	rtime Telephone Number)
		or the following amou a bank located in the			sed by this office must be payable in US
(\$25 fc & \$12:	50.00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status	S180.00 Fili and Certified C	_	S185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing Son Division of Control P.O. Box 632 Tallahassee, I	ection forporations 7		New I Divisi The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

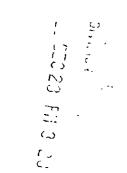
## Articles of Conversion

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 Africies of Conversion is.
Coldwater Group, Inc.  (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
On Class of the country)  (Enter state, or if a non-U.S. entity, the name of the country)  (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Coldwater Group LLC
(Enter Name of Florida Limited Liability Company)  4. If not effective on the date of filing, enter the effective date:
4. If not effective on the date of filing, enter the effective date:  (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.)  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.

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 21 st day of December	20_22
Signature of Authorized Representative of	of Limited Liability Company:
Signature of Authorized Representative:	
Printed Name:	Title:
	ntity: [See below for required signature(s)]
Signature:	m'd Desident
Printed Name: William David Withers	Title: President
Signature:	
Printed Name:	Title:
Signature:	Title:
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	m'. A
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected	ctor, or Officer.
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	

\$25.00 Articles of Conversion: Fees for Florida Articles of Organization: \$125.00

Certified Copy: Certificate of Status: \$30.00 (Optional) \$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Coldwater Group		ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - The mailing add		e principal office of the Limited Liability	Company is:
The manna act	3.005 and 9.100. Law 000 01 1.	- p	,
Principal Offic	ee Address:	Mailing Address:	
308 West Ruskir	n Place	308 West Ruskin Place	
Santa Rosa Bea	ch, FL 32459	Santa Rosa Beach, FL 32459	
			<del></del>
ADTICI F III	- Registered Agent Regist	ered Office. & Registered Agent's Sign	 ature:
(The Limited Liabili business entity with	ty Company cannot serve as its own I n an active Florida registration.)	ered Office, & Registered Agent's Sign tegistered Agent. You must designate an individual or	ature: another
(The Limited Liabili business entity with	ty Company cannot serve as its own In an active Florida registration.)  he Florida street address of the control of the florida street address of the florid	tegistered Agent. You must designate an individual or	ature: another
(The Limited Liabili business entity with	ry Company cannot serve as its own In an active Florida registration.)  he Florida street address of the William David Withers	tegistered Agent. You must designate an individual or	ature: another
(The Limited Liabili business entity with	ty Company cannot serve as its own In an active Florida registration.)  he Florida street address of the William David Withers  N	he registered agent are:	ature: another
(The Limited Liabili business entity with	ty Company cannot serve as its own In an active Florida registration.)  he Florida street address of the William David Withers  308 West Ruskin Place	he registered agent are:	ature: another
(The Limited Liabili business entity with	ty Company cannot serve as its own In an active Florida registration.)  he Florida street address of the William David Withers  308 West Ruskin Place	he registered agent are:  ame  P.O. Box NOT acceptable)	ature: another
(The Limited Liabili business entity with	ty Company cannot serve as its own In an active Florida registration.)  he Florida street address of the William David Withers  308 West Ruskin Place	he registered agent are:	ature: another
(The Limited Liabili business entity with	ty Company cannot serve as its own In an active Florida registration.)  the Florida street address of William David Withers  308 West Ruskin Place  Florida street address (	he registered agent are:  ame  P.O. Box NOT acceptable)	ature: another

Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### **ARTICLE IV-**

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

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	William David Withers
	308 West Ruskin Place
	Santa Rosa Beach, FL 32459
<del></del> -	
<del></del>	
(Use attachment if necessary)	
,,	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
<u></u>	Or Volle Mon
[11/2]	I he wor

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.

William David Withers

Typed or printed name of signee

Filing Fees

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