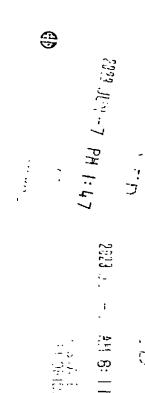
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(Requestor's Name)	
(.	Address)	
(.	Address)	
(1	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of 3	Status
Special Instructions to F	Filing Officer:	

Office Use Only



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FLORIDA CAPITAL COURIER S 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	ERVICES, INC
Please use funds from this account: Authorization Signature Firm Foundation Restoration Inc. BUSINESS Certified Copy of Articles X Certificate of Status	120210000160: <u>\$155.00</u> Later DOC#
Profit Corp Not for Profit Officer/Director Limited Liability Domestication Other CORP LLLP	AMENDMENTS Amendment Resignation of R.A. or member Dissolution Change of Registered Agent Revocation of Dissolution Merger X Conversion Amended and restated Articles Statement of Authority
OTHER FILINGS TrademarkAnnual ReportFictitious NameAPOSTILLECountry	REGISTERATION/QUALIFICATIONS Foreign filing Limited Partnership Reinstatement Other

EXAMINIER'S INITIALS:____

FLORIDA CAPITAL COURIER SERVICE 2330 CLARE DRIVE	ES, INC
TALLAHASSEE, FL 32309	
(850) 524-5437	
(850) 524-6243	
Please use funds from this account: 1202100 Authorization Signature Firm Foundation Restoration Inc. BUSINESS	
Certified Copy of Articles _X_ Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Corp	Amendment
Not for Profit	Resignation of R.A. or member
Officer/Director	Dissolution
Limited Liability	Change of Registered Agent Revocation of Dissolution
Domestication Other	Merger
CORP	X Conversion
LLLP	Amended and restated Articles
	Statement of Authority
OTUED EILINGS	
OTHER FILINGS REC	GISTERATION/QUALIFICATIONS
<u>Trademark</u>	
Annual Report	Foreign filing
	Limited Partnership
Fictitious Name	Reinstatement
APOSTILLE	Other
Country	

EXAMINIER'S INITIALS:____

COVER LETTER

10:	Division of C					
SHRJI	ECT: Firm Fou	undation Restoration Inc	i			
3000	LC1	(Name of Res	ultin	g Florida Limit	ed Com	npany)
						d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corre	espondence concernin	g thi	is matter to:		
Luca D	i Nunzio					
		(Contact Person)			-	
Dorcey	Law Firm, PLC	;				
		(Firm/Company)			-	
10181	Six Mile Cypres	s Pkwy Ste C				
		(Address)		······································	-	
Fort M	yers, FL 33966					
	((City, State and Zip Code)			-	
suppor	1@dlfregistered	agent.com				
E-m	ail Address: (to b	e used for future annual re	port i	notifications)	-	
For fur	ther informati	on concerning this ma	tter,	please call:		
Luca D)i Nunzio		at	() 418-0	0169
	(Name of Conta	ct Person)		(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the		-	rocess	sed by this office must be payable in US
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing d Certified Cop		S185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S	ection			New I	Address: Filing Section
	Division of C P.O. Box 632	-				on of Corporations entre of Tallahassee
	Tallahassee, I					N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Statutes.

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

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Firm Foundation Restoration Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a profit corporation [Formula: corporation limited partnership general partnership common law or business trust, etc.)]
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, of it a non-U.S. entity, the name of the country)
02/08/2021 on .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Firm Foundation Restoration, LLC
(Enter Name of Florida Limited Liability Company)
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.

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Certified Copy:

\$30.00 (Optional)

Certificate of Status:

\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability C	company is:	
Firm Foundation Restoration, LLC (Must contain the words "I	Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address	ess of the principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
19451 S Tamiami Trail	19451 S Tamiami Trail	
Ste 12 PMB 1005	Ste 12 PMB 1005	
Fort Myers, FL 33908	Fort Myers, FL 33908	
Alexandra Nichole	e Harrison Name	
19451 South Tam	niami Trail, Ste 12 Pmb 1005	
	ddress (P.O. Box NOT acceptable)	
Fort Myers	FL 33908	
C	ity Zip	
liability company at the place d registered agent and agree to act in statutes relating to the proper and accept the obligations of my po	agent and to accept service of process for lesignated in this certificate, I hereby accept this capacity. I further agree to comply a complete performance of my duties, and exition as registered agent as provided for a procession of the complete of the c	pt the appointment as with the provisions of al I am familiar with and

(CONTINUED)

ARTICLE IV-

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

"AMDD" - Authorized Member	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR — Manager	Alexandra N. Harrison
	8144 Egret Rd
	Fort Myers, FL 33967
	<u> </u>
(Use attachment if necessary)	
<u>REQUIRED</u> SIGNATURE:	DocuSigned by:
	988A93R7C7R44BA
Signature of a member o	r an authorized representative of a member
This document is executed in accordance	current to the Department of State constitutes a third degree fe
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	cument to the Department of State constitutes a third degree fe
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Alexandra N. Harrison	Syped or printed name of signee
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Alexandra N. Harrison	cument to the Department of State constitutes a third degree fe