

N24000008049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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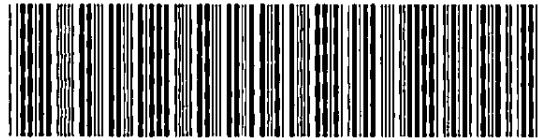
(Business Entity Name)

(Document Number)

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

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 6, 2024

SUZEE BAILEY  
105 NURMI DR  
FORT LAUDERDALE, FL 33301 US

SUBJECT: RESIDENTS 4 RESILIENCE INC  
Ref. Number: W24000085567

We have received your document for and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must contain the name of the limited liability company as set forth in the attached articles of organization.

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

KAIN COSTELLO  
Regulatory Specialist II  
New Filing Section

Letter Number: 024A00012334

Certificate of Conversion  
For  
"Other Business Entity"  
Into  
Florida ~~Profit~~ Corporation  
Non-Profit

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida ~~Profit~~ Corporation in accordance with s. ~~607.115~~ <sup>607.115</sup>, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Residents for Resilience LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Liability Company  
(Enter entity type. Example: limited liability company, 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 July 14, 2023  
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

\_\_\_\_\_

4. The name of the Florida ~~Profit~~ Corporation as set forth in the attached Articles of Incorporation:

Residents for Resilience, INC.

Enter Name of Florida ~~Profit~~ Corporation  
Non-Profit

5. If not effective on the date of filing, enter the effective date: Effective on the date of filing  
(The effective date: Cannot be prior to nor more than 90 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.

Signed this 23rd day of April, 2024.

Required Signature for Florida <sup>Not Profit</sup> Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]  
Printed Name: Suzee Bailey Title: Chairman and President

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

Signature: [Signature]  
Printed Name: Suzee Bailey Title: Authorized Representative and Founder

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

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.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Residents for Resilience, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address: <u>105 Nurmi Drive</u> <u>Fort Lauderdale, FL 33301</u>	Mailing address, if different is: _____ _____
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

~~Residents for Resilience, Inc. shall be organized and operated as a non-profit corporation under the provisions of the Florida Not for Profit Corporation Act pursuant to Chapter 617 of the Florida Statutes. Residents for Resilience, Inc. is a not-for-profit organization dedicated to advocating for safe and clean drinking water, flood mitigation, coastal resiliency, and waterway restoration in Florida. Its aim is two-fold: (a) to bridge the gap between and among government leaders, experts, scientists, and general public; and (b) to foster education, communication, advocacy, and collaboration toward those ends.~~

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_  
Pursuant to the Non-Profit Corporation Act of Florida, all new and renewing Board Members of Residents for Resilience, Inc. shall be approved by simple majority of those Board Members at a Board meeting at which a quorum is present. All appointments to the Board shall be for a term of two years. All Members of the Board shall be elected every two (2) years at the Annual Meeting of the Members and be eligible for re-election.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Suzee Bailey-Chairman/President</u> Address: <u>105 Nurmi Drive</u> <u>Fort Lauderdale, FL 33301</u>	Name and Title: <u>Patricia Halliday -Vice- President</u> Address: <u>50 Nurmi Drive</u> <u>Fort Lauderdale, FL 33301</u>
Name and Title: <u>Courtney C.Ortiz- Secretary</u> Address: <u>1711 North 43rd Avenue</u> <u>Hollywood, FL 33021</u>	Name and Title: _____ Address: _____ _____ _____
Name and Title: _____ Address: _____ _____ _____	Name and Title: _____ Address: _____ _____ _____

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Suzee Bailey

Address: 105 Nurmi Drive  
Fort Lauderdale, FL 33301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Suzee Bailey

Address: 105 Nurmi Drive  
Fort Lauderdale, FL 33301

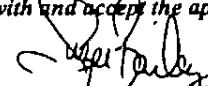
**ARTICLE VIII EFFECTIVE DATE:** Effective on the date of filing (OPTIONAL)

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 days prior or 90 days after the 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.

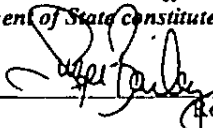
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature of Registered Agent

APRIL 23, 2024

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. 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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

APRIL 23, 2024

\_\_\_\_\_  
Date

4707