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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

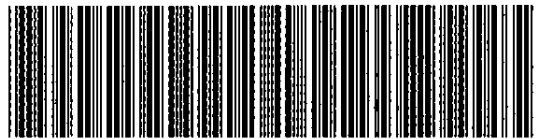
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. C. C. JUL 27 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COASTAL PUBLIC ADJUSTERS, INC.
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

LORI WOLIN
Contact Person

COASTAL PUBLIC ADJUSTERS, INC.
Firm/Company

2234 N. FEDERAL HWY, 348
Address

BOCA RATON, FL 33431
City, State and Zip Code

LORI@COASTALPUBLICADJUSTERS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORI WOLIN at (561) 278-2228
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees ☐ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☒ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

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

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

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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. 607.1115, Florida Statutes.

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

COASTAL PUBLIC ADJUSTERS, LLC
Enter Name of Other Business Entity LOT-56142

2. The "Other Business Entity" is a LLC
(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 5/23/2007
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:**

COASTAL PUBLIC ADJUSTERS, INC.
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to 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 Incorporation, if an effective date is listed therein.)

Signed this 17th day of JULY, 2009.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Lori Wolin

Printed Name: Lori Wolin Title: President

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

Signature: Lori Wolin
Printed Name: Lori Wolin Title: Member, President

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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

COASTAL PUBLIC ADJUSTERS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PRINCIPAL OFFICE: 1101 BEZ AIR DR., C
HIGHLAND BEACH, FL 33487

MAING: 2234 N. FEDERAL HWY, 348
BOCA RATON, FL 33431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSURANCE PUBLIC ADJUSTING

ARTICLE IV SHARES

The number of shares of stock is:

5,000.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

LORI WOLIN
PRESIDENT
2234 N. FEDERAL HWY, 348
BOCA RATON, FL 33431

ARTICLE VI REGISTERED AGENT

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

LORI WOLIN
2234 N. FEDERAL HWY, 348
BOCA RATON, FL 33431

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LORI WOLIN
2234 N. FEDERAL HWY, 348
BOCA RATON, FL 33431

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

Lori Wolin
Signature/Registered Agent
Lori Wolin
Signature/Incorporator

7/17/09
Date
7/17/09
Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA