(Re	questor's Name)	
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 1, 2013

MITCHELL KOFFSKY WATER TO FIRE RESTORATION L.L.C. P O BOX 530966 DEBARY, FL 32753

SUBJECT: WATER TO FIRE RESTORATION, L.L.C.

Ref. Number: W13000012455

We have received your document for WATER TO FIRE RESTORATION, L.L.C. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Pamela Smith Regulatory Specialist II

Letter Number: 913A00004986

### **COVER LETTER**

TO: Charter Section

Division of Corporations

## Water To Fire Restoration, 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:

Mitchell Koff	sky			
	Contact Person			
Water To Fir	e Restoration	n, Inc		
	Firm/Company			
PO box 5309	966			
	Address			
DeBary, Fl. 3	32753			
C	City, State and Zip Code			
mitch@wate	r-to-fire.com			
E-mail address: (to	be used for future annual r	eport notification)		
For further information concerning this matter, please call:				
Mitchell Koff	sky	$_{\rm at}(407)$	4-3147	
Name of Con	tact Person	Area Code and Dayti	ime 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 ADDRES	<u>S:</u>	MAILING A	ADDRESS:	

**Charter Section** Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Charter Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

## 13 MAR | | PM 2: 3 |

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

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115. Florida Statutes.

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: Enter Name of Other Business Entity 2. The "Other Business Entity" is a \_\_\_\_\_ limited Liability Co as General Partnership (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 October 17, 2011 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: Water To Fire Restoration, Inc. Enter Name of Florida Profit Corporation 5. If not effective on the date of filing, enter the effective date:\_

Page 1 of 2

(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; <u>AND</u> 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 19thday of February	20 12	SECRETARY OF STATES BIVISION OF CORPORATIONS
Signed this day of	, 20	
Required Signature for Florida Profit Corpor	ation:	13 MAR     PM 2: 3.1
Signature of Chairman, Vice Chairman, Director, been selected, an Incorporator:	Officer, or, if Directors or O	fficers have not
Printed Name: Mitchell Koffsky Title	. Vice President	
Required Signature(s) on behalf of Other Busines signature(s).]  Signature:	ess Entity: [See below for required	uired
Printed Name: Wade Edwards	Title: Manager	
W		
Signature:	Title: Manager	<del></del>
Signature:		
Printed Name:		
Signature:Printed Name:		
Signature:		<del></del>
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida General Partnership or Limited Liab Signature of one General Partner.	ility Partnership:	
If Florida Limited Partnership or Limited Liab Signatures of ALL General Partners.	ility Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representati	ve.	
All others: Signature of an authorized person.		
Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation Certified Copy: Certificate of Status:	\$35.00 : \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

SEGRETARY OF STATE DIVISION OF CORPORATIONS

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 13 MAR 1.

principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
3 Debary Dr	PO Box 530966
ebary, Fl. 32713	DeBary, FI 32753
esidential and Commercial Res	storation Service
TICLE IV SHARES number of shares of stock is:	
TICLE V INITIAL OFFICERS AND/OR	DIRECTORS
TICLE V INITIAL OFFICERS AND/OR	DIRECTORS  Name and Title:
	<del></del>
ne and Title: Wade Edwards/ Pres	Name and Title:
ricle v INITIAL OFFICERS AND/OR ne and Title: Wade Edwards/ Pres tress: 4154 new Marsh Rd DeLand, Fl. 32724	Name and Title:Address:
ress: INITIAL OFFICERS AND/OR Wade Edwards/ Pres 4154 new Marsh Rd	Name and Title:  Address:  Name and Title:
when and Title: Wade Edwards/ Pres  4154 new Marsh Rd  DeLand, Fl. 32724  Mitchell Koffsky/ VP  PO Boy 530966	Name and Title:Address:
ress: Wade Edwards/ Pres  4154 new Marsh Rd DeLand, Fl. 32724  Mitchell Koffsky/ VP PO Box 530966	Name and Title:  Address:  Name and Title:

Address:

DeBary, Fl. 32713

DIVISION OF CORPORATIONS

13 MAR | | PM 2:3|

Date

ARTICLE	VII INCORPORATOR	
The name and address of the Incorporator is:		
Name:	Mitchell Koffsky	
Address:	PO Box 530966	
	DeBary, Fl. 32753	

Required Signature/Incorporator

Having been named as registered agent to accept service of proce designated in this certificate, I am familiar with and accept the appoil capacity	ss for the above stated corporation at the place atment as registered agent and agree to act in this
#	2-19-2012
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein an submitted in a document to the Department of State constitutes a third	degree felony as provided for in s.817.155, F.S.
<i>0</i> /	7 - 19 - 20/2