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| (Re                     | questor's Name)    |                 |  |
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| (Ad                     | dress)             | ,               |  |
| (Ad                     | dress)             |                 |  |
| (Cit                    | ry/State/Zip/Phone | <del>: #)</del> |  |
| PICK-UP                 | ☐ WAIT             | MAIL            |  |
| (Bu                     | siness Entity Nam  | ne)             |  |
| (Document Number)       |                    |                 |  |
| Certified Copies        | _ Certificates     | of Status       |  |
| Special Instructions to | Filing Officer:    |                 |  |
|                         |                    |                 |  |
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#### **COVER LETTER**

**Division of Corporations** Gulf Breeze Management Services of S.W. Florida, 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: Ralph Weidner Contact Person Firm/Company 8910 Terrene Court, Suite 200 Address Bonita Springs, Florida 34135 City, State and Zip Code ralph.weidner@gulfbreezemanagement.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David Leigh Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amounts □ \$105.00 Filing Fees □\$113.75 Filing Fees □\$113.75 Filing Fees **\$122.50** Filing Fees. and Certificate of and Certified Copy Certified Copy, and Status Certificate of Status

#### STREET ADDRESS:

TO:

Charter Section

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

#### **MAILING ADDRESS:**

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

SEGRETARY OF STATE DIVISION OF CORPORAT

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

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:  |
|--|
| Gulf Breeze Management Services of S.W. Florida, 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)  |
| January 14, 2003   |
| 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:   |
| N/A  |
| 4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>   |
| Gulf Breeze Management Services of S.W. Florida, 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; <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.) |

FILED SEGRETARY OF STATE DIVISION OF CORPORATIONS

| Signed this 29411 day of June   | . 20 13 JUL 1.1 PM 1: 00                                     |
|---|--|
| Required Signature for Florida Profit Corporat  | ion:   |
| Signature of Chairman, Vice Chairman Director, Cobeen selected, an Incorporator: X Ash h  Printed Name: Ralph Weldner  Title: | Officer, or, if Directors or Officers have not Incorporator  |
| Required Signature(s) on behalf of Other Business signature(s).]  | Entity: [See below for required                              |
| Signature: A Rash h Weidner Printed Name: Ralph Weidner   | _Title: MGRM   |
| Signature:Printed Name:   | Title:   |
| Signature:Printed Name:   | _ Title:   |
| Signature:Printed Name:   |  |
| Signature:Printed Name:   |  |
| Signature: Printed Name:  |  |
| If Florida General Partnership or Limited Liabilit<br>Signature of one General Partner.                                       |  |
| If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.  | y Limited Partnership:                                       |
| If Florida Limited Liability Company: Signature of a Member or Authorized Representative                                      |  |
| All others: Signature of an authorized person.  |  |
| Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:          | \$35.00<br>\$70.00<br>\$8.75 (Optional)<br>\$8.75 (Optional) |



## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

|                                   | II PRINCIPAL OFFICE al place of business/mailing address is:                                     |                     |                                   |
|-----------------------------------|--|---------------------|-----------------------------------|
|                                   | Principal street address   |                     | Mailing address, if different is: |
| 8910 T                            | errene Court, Suite 200  |                     |                                   |
| Bonita                            | Springs, Florida 34135   |                     |                                   |
|                                   | e for which the corporation is organized is:  Property Management                                |                     |                                   |
| RTICLE                            | IV SHARES OF A COO   |                     |                                   |
| he number                         | r of shares of stock is: 250,000   |                     |                                   |
| ARTICLE                           | Title: Ralph L. Weidner P/D  |                     | Nancy K. Weidner VP/D             |
| Name and<br>Address:              | 8910 Terrene Court, Suite 200  | Name and Title      | 8910 Terrene Court, Suite 200     |
| 1001035.                          | Bonita Springs, Florida 34135  | Address.            | Bonita Springs, Florida 3413      |
| Name and                          | Title: Aharon S. Weidner S/T/D   | Name and Title      | :                                 |
| Address:                          | 8910 Terrene Court, Suite 200  | Address:            |                                   |
|                                   | Bonita Springs, Florida 34135  |                     |                                   |
| Name and                          | Title:   | Name and Title      | <u> </u>                          |
| Address:                          |  | Address:            | <del></del>                       |
|                                   |  |                     |                                   |
| The <u>name</u> a                 | <u>rVI REGISTERED AGENT</u><br>and Florida street address (P.O. Box NOT acce<br>Ralph L. Weidner | ptable) of the regi | stered agent is:                  |
| ARTICLE The name a Name: Address: | and Florida street address (P.O. Box NOT acce  | ptable) of the regi | stered agent is:                  |

DIVISION OF CORPORATIONS

13 JUL 11 PM 1:00

ARTICLE VII INCORPORATOR The name and address of the Incorporator is:

Name:

Ralph L. Weidner

Address:

8910 Terrene Court, Suite 200

Bonita Springs, Florida 34135

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

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/Incorporator