

P13000085218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

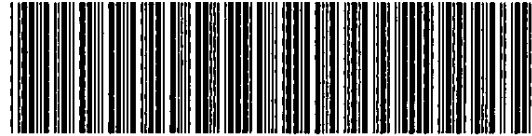
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/20/13--01010--003 **113.75

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13 AUG 20 AM 7:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

6/23

W13-47258

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: CODE BLUE RESTORATION SERVICES CORP
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:

DANIEL TORRES

Contact Person

CODE BLUE RESTORATION SERVICES CORP

Firm/Company

950 HILLCREST DR APT 315

Address

HOLLYWOOD FL 33021

City, State and Zip Code

CODEBLUE.RS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL TORRES

Name of Contact Person

at (239) 200-6876

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:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2013

DANIEL TORRES
950 HILLCREST DR APT 315
HOLLYWOOD, FL 33021

SUBJECT: CODE BLUE RESTORATION SERVICES CORP
Ref. Number: W13000047258

RECEIVED
13 SEP 24 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CODE BLUE RESTORATION SERVICES CORP and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must state the effective date of the conversion. The effective date 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 of the conversion under the laws governing the other business entity.

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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 413A00020218



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 27, 2013

DANIEL TORRES
950 HILLCREST DR APT 315
HOLLYWOOD, FL 33021

SUBJECT: CODE BLUE RESTORATION SERVICES CORP
Ref. Number: W13000047258

RECEIVED
13 OCT 15 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CODE BLUE RESTORATION SERVICES CORP and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

If you have an effective date on your certificate of conversion, it also must be contained in your articles of Incorporation.

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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 413A00020218

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:

CODE BLUE RESTORATION SERVICES LLC L13000084333

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 **06/11/2013**

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:

CODE BLUE RESTORATION SERVICES CORP

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: **09/13/2013**
(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.)

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TALLAHASSEE FLORIDA

Signed this 31 day of JULY, 2013.

Required Signature for Florida Profit Corporation:

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

Printed Name: DANIEL TORRES

Title: PRESIDENT

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

Signature: _____

Printed Name: DANIEL TORRES

Title: MANAGER

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)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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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: CODE BLUE RESTORATION SERVICES CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

950 HILLCREST DR APT 315
HOLLYWOOD FL 33021

950 HILLCREST DR APT 315
HOLLYWOOD FL 33021

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL ACTIVITIES OR BUSINESSES PERMITTED UNDER
THE LAW OF THE UNITED STATES AND OF STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DANIEL TORRES PRESIDENT

Name and Title: _____

Address: 950 HILLCREST DR APT 315
HOLLYWOOD FL 33021

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: DANIEL TORRES

Address: 950 HILLCREST DR APT 315
HOLLYWOOD FL 33021

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DANIEL TORRES
Address: 950 HILLCREST DR APT 315
HOLLYWOOD FL 33021

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

[Signature]
Required Signature/Registered Agent

07/31/2013

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.

[Signature]
Required Signature/Incorporator

07/31/2013

Date

Article VIII

Effective date of the Corporation is 09/13/2013

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13 AUG 20 AM 7:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA