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(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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TALLAHASSEE, FLORIDA

MD 8/29

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Noel R. Caine Framing, 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:

Noel R. Caine

Contact Person

Noel R. Caine Framing, Inc.

Firm/Company

P.O. Box 15313

Address

Fernandina Beach, Florida 32035

City, State and Zip Code

nrcframers@gmail.com

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

For further information concerning this matter, please call:

Noel R. Caine

Name of Contact Person

at ( 904 ) 430-6247

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:**

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

**MAILING ADDRESS:**

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

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

FILED  
14 AUG 28 PM 12:57  
CLERK 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:

**Noel R. Caine Framing, LLC** L1000001D312  
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 **January 27, 2010**  
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 **attached Articles of Incorporation:**


**Noel R. Caine Framing, 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 22nd day of August, 2014.

**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: Noel R. Caine Title: President

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

Signature: 

Printed Name: Noel R. Caine 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)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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: Noel R. Caine Framing, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address

865 Nottingham Drive

Fernandina Beach, FL 32034

Mailing address, if different is:

P.O. Box 15313

Fernandina Beach, FL 32035

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Noel R. Caine Framing, Inc. is a for profit residential framing business.

**ARTICLE IV SHARES** 100

The number of shares of stock is:

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

Name and Title: Noel R. Caine, President

Address: P.O. Box 15313  
Fernandina Beach, FL 32035

Name and Title: Noel R. Caine, Treasurer

Address: P.O. Box 15313  
Fernandina Beach, FL 32035

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

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

Name and Title: Noel R. Caine, Vice-President

Address: P.O. Box 15313  
Fernandina Beach, FL 32035

Name and Title: Noel R. Caine, Secretary

Address: P.O. Box 15313  
Fernandina Beach, FL 32035

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Noel R. Caine

Address: 865 Nottingham Drive  
Fernandina Beach, Florida 32034

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14 AUG 28 PM 1:57  
CLERK OF DISTRICT COURT  
JULIA HASSON  
FERNANDINA BEACH, FL 32034

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Noel R. Caine  
Address: P.O. Box 15313  
Fernandina Beach, FL 32035

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA


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*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/Registered Agent

August 22, 2014  
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/Incorporator

August 22, 2014  
Date