

P150000033639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

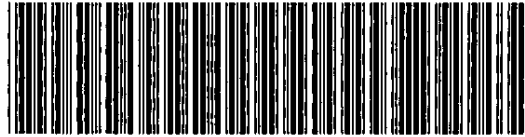
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W/5-23477

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AND  
FILED

15 APR 13 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VH

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** ALL WEATHER HURRICANE SHUTTERS OF VOLUSIA COUNTY  
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:

CLINT EARNEST  
Contact Person

ALL WEATHER HURRICANE SHUTTERS  
Firm/Company

4208 SAXON DRIVE  
Address

NEW SMYRNA BEACH, FL 32169  
City, State and Zip Code

clintearnest46@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLINT EARNEST at (386) 663-2132  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,<br>Certified Copy, and<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 6, 2015

CLINT EARNEST  
4208 SAXON DRIVE  
NEW SMYRNA BEACH, FL 32169

SUBJECT: ALL WEATHER HURRICANE SHUTTERS OF VOLUSIA COUNTY,  
LLC  
Ref. Number: W15000023477

We have received your document for ALL WEATHER HURRICANE SHUTTERS OF VOLUSIA COUNTY, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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 the corrected original and one copy of 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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 415A00006747

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AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

ALL WEATHER HURRICANE SHUTTERS OF VOLUSIA COUNTY, LLC

Enter Name of Other Business Entity

LO4 -46819

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 JUNE 22, 2004

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:**

ALL WEATHER HURRICANE SHUTTERS OF VOLUSIA COUNTY

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.)

APPROVED  
AND  
FILED

Signed this 27 day of MARCH, 2015

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**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Clint S. Earnest

Printed Name: CLINT S. EARNEST Title: CHAIRMAN

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Signature: Clint S. Earnest  
Printed Name: CLINT S. EARNEST Title: MAN MEMBER

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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**ARTICLES OF INCORPORATION**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: ALL WEATHER HURRICANE SHUTTERS OF VOLUSIA COUNTY, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

4208 SAXON DR.  
NEW SMYRNA BEACH, FL 32169

SAME AS PRINCIPAL  
STREET ADDRESS

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: CLINT S. EARNEST, CHAIRMAN Name and Title: \_\_\_\_\_

Address: 4208 SAXON DRIVE Address: \_\_\_\_\_  
NEW SMYRNA BEACH, FL 32169

Name and Title: JUDY A. EARNEST, OFFICER Name and Title: \_\_\_\_\_

Address: 4208 SAXON DRIVE Address: \_\_\_\_\_  
NEW SMYRNA BEACH, FL 32169

Name and Title: SHAWN G. EARNEST, VICE CHAIRMAN Name and Title: \_\_\_\_\_

Address: 4208 SAXON DRIVE Address: \_\_\_\_\_  
NEW SMYRNA BEACH, FL 32169

**ARTICLE VI REGISTERED AGENT**

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

Name: CLINT S. EARNEST

Address: 4208 SAXON DR.  
NEW SMYRNA BEACH, FL 32169

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CLINT S. EARNEST

Address: 4200 SAYON DR.

NEW SMYRNA BEACH, FL 32169

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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*

Clint Earnest  
Required Signature/Registered Agent

04/10/2015  
Date *[Signature]*

*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.*

Clint Earnest  
Required Signature/Incorporator

04/10/2015  
Date *[Signature]*