

P/6000001733

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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

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DIVISION OF CORPORATIONS  
16 JAN -7 AM 11:36

W15-081798

01/08/16



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
16 JAN -7 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 22, 2015

JAMES K. DUERR  
1601 PARK CTR. DR.  
STE. 6A  
ORLANDO, FL 32835

SUBJECT: FLORIDA DIRECT CONNECTION, INC.  
Ref. Number: W15000081798

We have received your document for FLORIDA DIRECT CONNECTION, INC. 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 document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 915A00026746

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** FLORIDA DIRECT CONNECTION, 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:

JAMES K. DUERR, CPA

\_\_\_\_\_  
Contact Person

SMALL BUSINESS RESOURCES USA, INC.

\_\_\_\_\_  
Firm/Company

1601 PARK CENTER DRIVE, STE. 6A

\_\_\_\_\_  
Address

ORLANDO, FL 32835

\_\_\_\_\_  
City, State and Zip Code

JIMD@SBRORLANDO.COM

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

For further information concerning this matter, please call:

JAMES K. DUERR, CPA

at ( 407 )

298-4646

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
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

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DIVISION OF CORPORATIONS  
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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:

FLORIDA DIRECT CONNECTION, LLC

(214-132011)

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 AUGUST 22, 2014 ✓

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**:

FLORIDA DIRECT CONNECTION, INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: JANUARY 1, 2016

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 4TH day of DECEMBER, 2015.

**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: JAMES K. DUERR Title: CPA

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

Signature: \_\_\_\_\_

Printed Name: FINN PALMYR, RIDGEWOOD CONS. AS Title: MGRM

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)

**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: FLORIDA DIRECT CONNECTION, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

C/O KJETIL ERTNAES

9018 PAOLOS PLACE

KISSIMMEE, FL 34747

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

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**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

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

DS

Name and Title: FINN PALMYR, PRESIDENT, DIRECTOR

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

AK

Address: 9018 PAOLOS PLACE

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

CT

KISSIMMEE, FL 34747

CT

Name and Title: KJETIL ERTNAES, DIRECTOR

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

CT

Address: 9018 PAOLOS PLACE

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

CT

KISSIMMEE, FL 34747

CT

Name and Title: PER HOVE, DIRECTOR

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

CT

Address: 9018 PAOLOS PLACE

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

CT

KISSIMMEE, FL 34747

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DIVISION OF CORPORATIONS  
10 JAN -7 AM 11:34

**ARTICLE VI REGISTERED AGENT**

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

Name: SMALL BUSINESS RESOURCES USA, IN  
Address: 1601 PARK CENTER DR., STE. 6A  
ORLANDO, FL 32835

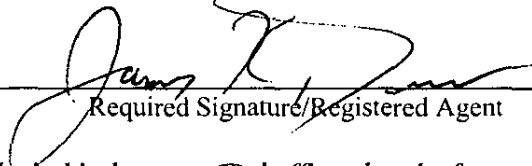
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SMALL BUSINESS RESOURCES USA,  
Address: 1601 PARK CENTER DR., STE. 6A  
ORLANDO, FL 32835

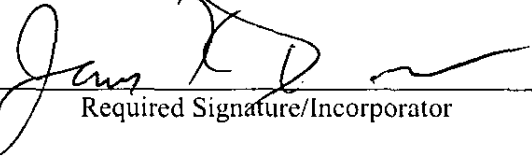
\*\*\*\*\*

*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

12/04/2015  
\_\_\_\_\_  
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

12/04/2015  
\_\_\_\_\_  
Date

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