

P19000 086 937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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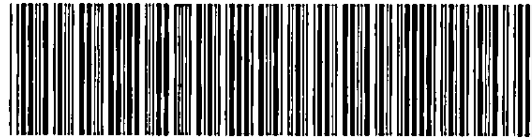
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/26/19--01017--022 **113.75

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19 OCT 28 AM 8:45
STANDARD STATE
TALLAHASSEE, FLORIDA

NOV 25 2019

W19-91224



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2019

NELSON MARTINEZ
AQUAMEDICS RESTORATION SERVICES, INC.
1021 IVES DAIRY RD., BLDG. 3, STE. 115
MIAMI, FL 33179

SUBJECT: AQUAMEDICS RESTORATION SERVICES, INC.
Ref. Number: W19000091224

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for AQUAMEDICS RESTORATION SERVICES, 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):

Signature missing in the section ' Required Signature for Florida Profit Corporation: '.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 719A00021143

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Aquamedics Restoration Services, 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:

Nelson Martinez
Contact Person

Aquamedics Restoration Services, Inc.
Firm/Company

1021 Ives Dairy Rd., Bldg. 3, Suite 115
Address

Miami, FL 33179
City, State and Zip Code

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

For further information concerning this matter, please call:

Nelson Martinez at (305) 927-4645
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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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:

Aquamedics Restoration Services, 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)

on 12/20/2018
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:

NO

4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:

Aquamedics Restoration Services, Inc.
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 9/24/19

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

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STATE
TALLAHASSEE, FLORIDA

Signed this 24th day of September, 2019.

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: Nelson Martinez Title: Officer/Director

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

Signature: _____

Printed Name: Nelson Martinez Title: Officer/Director

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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SECRETARY 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: Aquamedics Restoration Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

1021 Ives Dairy Rd.,
Bldg. 3, Suite 115
Miami, FL 33179

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: Nelson Martinez / Manager Name and Title: _____

Address: 1021 Ives Dairy Rd., Address: _____
Bldg 3, Suite 115
Miami, FL 33179

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Nelson Martinez
Address: 1021 Ives Dairy Rd, Bldg 3, Suite 115
Miami, FL 33179

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

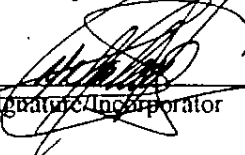
Name: Nelson Martinez
Address: 1021 Ives Dairy Rd, Bldg 3, Suite 115
Miami, FL 33179

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

9/24/19
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

9/24/19
Date

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SCHOOL OF STATE
TALLAHASSEE, FLORIDA