# Paww036939

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	WAIT MAIL	
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions	to Filing Officer:	

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CAY 2 1 2020

T. SCOTT



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2020 MAY 21 PM 2: 27
SECRETARY OF STATE FALL SSSE FLORIDA



May 4, 2020

JERRY W PEMBERTON 1006 AQUIA DRIVE STAFFORD, VA 22554

SUBJECT: GLOBAL RESTORARION, INC.

Ref. Number: W20000043724

We have received your document for GLOBAL RESTORARION, INC. 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), s.607.1622(9) and/or 607.1622(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.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 420A00009084

#### **COVER LETTER**

TO: New Filing Section **Division of Corporations** 

GLOBAL RESTORATION, INC

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

#### JERRY W PEMBERTON

Contact Person

#### AMERICA'S BEST ADVISORS

Firm/Company

1006 AQUIA DRIVE

Address

STAFFORD, VA 22554

City, State and Zip Code

#### JERRY@JWPEMBERTON.COM

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

For further information concerning this matter, please call:

JERRY PEMBERTON

Name of Contact Person

Area Code and Davtime Telephone Number

Enclosed is a check for the following amount:

■ \$105.00 Filing Fees □\$113.75 Filing Fees and Certificate of

and Certified Copy

□\$113.75 Filing Fees □\$122.50 Filing Fees. Certified Copy, and Certificate of Status

Status

**Mailing Address:** 

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

Street Address:

New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Co	nverting Entity immediately prior to the filing of the Articles of Conversion is:
GLOBAL RE	STORATION, LLC
	Enter Name of the Converting Entity
2. The converting entit	y 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)
00/00/0017	

Enter date "Converting Entity" was first organized, formed or incorporated.

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

#### GLOBAL RESTORATION, INC

Enter Name of Florida Profit Corporation

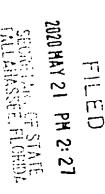
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

5. If not effective on the date of filing, enter the effective date: 05/01/2020

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

(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.)

<u>Note:</u> 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 8TH day of APRIL	20		
Required Signature for Florida Profit Corporation:			
Signature of Director, Officer, or, if Directors or Office	ers have not been selected, an Incorporator:		
	<del></del>		
Printed Name: OTIS C COOPER Title: PR	ESIDENT		
Required Signature(s) on behalf of Converting Floricompanies: [See below for required signature(s).]	da partnerships, limited partnerships, and limited liability		
Signature:			
Printed Name: OTIS C COOPER Signature:	Title: AMBR		
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 Signature of one General Partner.	Partnership:		
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:		
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.			
All others: Signature of an authorized person.			

Fees:

Articles 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 FOR RESULTING FLORIDA PROFIT CORPORATION

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

ADTIOL	of the corporation shall be: GLOBAL I		
The princip	al place of business/mailing address is:		
500 S CHICK	Principal street address ASAW TRAIL #227	Mailing ad	dress, if different is:
	NDO, FL 32825		
4 D. W. C. T.			
	e for which the corporation is organized is:		
ANY A	AND ALL LAWFUL BU	SINESS	
			~
·			
ARTICLE	IV SHARES 1 000		
ARTICLE The number	IV SHARES of stock is: 1,000		
	V OFFICERS AND/OR DIRECTORS		
ARTICLE The number ARTICLE Name and T	V OFFICERS AND/OR DIRECTORS Title: OTIS C COOPER III, PRESIDENT	Name and Title:	
ARTICLE	V OFFICERS AND/OR DIRECTORS itle: OTIS C COOPER III, PRESIDENT 509 S CHICKASAW TRAIL #227		
<b>ARTICLE</b> Name and T	V OFFICERS AND/OR DIRECTORS Title: OTIS C COOPER III, PRESIDENT	Name and Title:	
ARTICLE Name and T	V OFFICERS AND/OR DIRECTORS Title: OTIS C COOPER III, PRESIDENT 509 S CHICKASAW TRAIL #227 ORLANDO, FL 32825	Name and Title:Address:	
ARTICLE  Name and T  Address:	OTIS C COOPER III, PRESIDENT  509 S CHICKASAW TRAIL #227  ORLANDO, FL 32825  itle:	Name and Title:  Address:  Name and Title:	
ARTICLE  Name and T  Address:	OTIS C COOPER III, PRESIDENT  509 S CHICKASAW TRAIL #227  ORLANDO, FL 32825  itle:	Name and Title:Address:	2020 HAY 21 SECRE ASS
ARTICLE  Name and T  Address:  Name and T  Address:	OTIS C COOPER III, PRESIDENT  509 S CHICKASAW TRAIL #227  ORLANDO, FL 32825  itle:	Name and Title:  Address:  Name and Title:  Address:	2020 MAY 21 PH SHORE ASSIES TALLAN ASSIES
ARTICLE  Name and T  Address:  Name and T  Address:	OTIS C COOPER III, PRESIDENT  509 S CHICKASAW TRAIL #227  ORLANDO, FL 32825  itle:	Name and Title:  Address:  Name and Title:  Address:	2020 MAY 21 PH SHORE ASSIES TALLAN ASSIES

The name	: and Florida street address (P.O. Box NO	acceptable) of the registered agent is:
Name:	OTIS C COOPER	
Address:	509 S CHICKASAW TRAIL #227	
	ORLANDO, FL 32825	
		,
******* Having be	**************************************	**************************************
this certifi	cate, I am familiar with and accept the app	ointment as registered agent and agree to act in this capacity
	to A	APRIL 8, 2020
V-	Required Signature/Registered Agent	Date .
	•	