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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		
Special Instructions to Filing Officer:		

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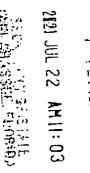
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T. SCOTT



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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 25, 2021

ANGEL L DELGADO 1433 ROMNEY ST UNIT 2 JACKSONVILLE, FL 32211

SUBJECT: NORTH FLORIDA MARINE SYSTEMS LLC

Ref. Number: W21000031536

We have received your document for NORTH FLORIDA MARINE SYSTEMS LLC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Letter Number: 221A00011282

Tyrone Scott Regulatory Specialist II New Filings Section

COVER LETTER

TO:

New Filing Section Division of Corporations

SUBJECT: NORTH FLORIDA MARINE SYSTEMS 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:

ANGEL DELGADO
Contact Person
NORTH FLORIDA MARINE SYSTEMS Inc
Firm/Company
1433 ROMNEY ST UNIT 2
Address
JACKSONVILLE FL 32211
City. State and Zip Code

nfmarinesystem@gmail.com

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

For further information concerning this matter, please call:

ANGEL DELGADO	at (904	,8038754
Name of Contact Person	Area C	ode and Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$105.00 Filing Fees □\$113.75 Filing Fees □\$113.75 Filing Fees, and Certificate of and Certified Copy Certified Copy, and Certificate of Status

Mailing Address:

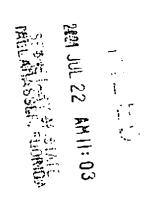
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

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 Converting Entity immediately prior to the filling of the Articles of Conversion is:
NORTH FLORIDA MARINE SYSTEMS LLC
Enter Name of the Converting Entity
2. The converting 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 2014
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> : NORTH FLORIDA MARINE SYSTEMS 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:
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida
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 05 day of APRIL	2021
Required Signature for Florida Profit Corporation	<u>:</u>
Signature of Director, Officer, or, if Directors of Office	ers have not been selected, an Incorporator:
Printed Name: ANGEL DELGADO Title: Pre	sident
companies: [See below for required signature(s).]	ida partnerships, limited partnerships, and limited liability
Signature: ANOFI DELCADO	Dracidont
Printed Name: ANGEL DELGADO	Title: President
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 I Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability I Signatures of ALL General Partners.	.imited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees:	

Articles of Conversion:
Fees for Florida Articles of Incorporation:

\$35.00 \$70.00 \$8.75.00

Certified Copy: Certificate of Status:

\$8.75 (Optional) \$8.75 (Optional)

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Principal street address Mailing address, if different is: 1433 ROMNEY ST #2 JACKSONVILLE FL 32211 ARTICLE III PURPOSE The purpose for which the corporation is organized is: FOR BOAT REPAIRS AND SERVICE ARTICLE IV SHARES The number of shares of stock is: ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: ANGEL DELGADO President Name and Title: 2720 LANSDOWNE DR Address: Address: JACKSONVILLE FL32211 Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: Address:

<u>ARTICLE VI_REGISTERED AGENT</u>
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:

Name:

ANGEL DELGADO

Address:

2720 LANSDOWNE DR

JACKSONVILLE FL 32211

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

04-05-2021

Date