L18000094219

(Re	questor's Name)	
(Ad	dress)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

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2018 APR 17 AM 9: 13

PURE ALL DESCRIPTIONS
THE ORIGINATIONS
THE ORIGINATION SERVICES

March 15, 2018

JUSTIN LOWD 14808 SW 132 AVENUE MIAMI, FL 33186

SUBJECT: LOWD'S DUSTLESS BLASTING CORP

Ref. Number: W18000025224

We have received your document for LOWD'S DUSTLESS BLASTING CORP and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please sign your name on the line that is highlighted.

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.

Nadira D McClees-Sams Regulatory Specialist II New Filing Section

Letter Number: 518A00005224

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: LOWD'S DUSTLESS BLASTING COR	P
	g Florida Limited Company)
The enclosed Articles of Conversion, Articles of Business Entity" into a "Florida Limited Liabili	of Organization, and fees are submitted to convert an "Other ity Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this	s matter to:
Justin Lowd	
(Contact Person)	· · · · · · · · · · · · · · · · · · ·
LOWD'S DUSTLESS BLASTING CORP	
(Firm/Company)	E 70
14808 SW 132 Avenue	18 APR 17
(Address)	-
Miami, FL 33186	
	「
(City, State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
captainjustin@msn.com	
E-mail Address: (to be used for future annual report n	otifications)
For further information concerning this matter,	please call:
Justing Lowd	305) 766-6079
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (Adollars and drawn on a bank located in the Unite	All checks processed by this office must be navable in US.
/00°C	180.00 Filing Fees, Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
New Filing Section	New Filing Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314

Articles of Conversion

For

"Other Business Entity"

into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
LOWD'S DUSTLESS BLASTING CORP PIONO 82382
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
10/10/2017 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
LOWD'S DUSTLESS BLASTING LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar 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.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.
APR 17

Signed this 05	day of MARCH	2018
Signature of Auth	norized Representative of Lim	ited Liability Company:
Signature of Author	orized Representative:	to be
Printed Name: JUST	IN LOWD	Title: PRESIDENT
Signature(s) on be	half of Other Business Entity:	[See below for required signature(s)]
a: /	4 6	
Signature:	istin Loud	_Title: Owner
Printed Name: V	BEIN COWI	little:
Signature:		
		Title:
Signature:		Pat-4
Printed Name:		Title:
Signature:		
Printed Name:		
Signature:		
Printed Name:		Title:
Simature:		
Printed Name:		Title:
If Florida Corpora	ution:	
	nan, Vice Chairman, Director, or	
If Directors or Offic	ers have not been selected, an In	corporator must sign.
If Florido Conorol	Bartmarship on I imited I inhili	to Donto and in
Signature of one Ge	Partnership or Limited Liabili	ty rarmersnip:
3. 6 0 0 0.0	Turdion,	
If Florida Limited	Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL	General Partners.	
All othors		
All others: Signature of an auth	orized namen	
Digitatine of an andi	lorized person.	
Fees:		
Articles of	Conversion:	\$25.00
Fees for Flo	orida Articles of Organization:	\$125.00
Certified Co	ору:	\$30.00 (Optional)
Certificate of	of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
LOWD'S DUSTLESS BLASTING LLC (Must contain the words "Limited Liability Company, "L	.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Company is:
Principal Office Address: Mailing	Address:
14808 SW 132 Avenue 14808 SW	132 Avenue
Miami, FL 33186 Miami, FL	33186
business entity with an active Florida registration.) The name and the Florida street address of the registered ag <u>ULLOA & COMPANY PROFESSIONAL ASS</u> Name 14050 SW 84 Street, Suite 104	
Florida street address (P.O. Box NOT	acceptable)
Miami FL 3318	
City	Zip
Having been named as registered agent and to accept serve liability company at the place designated in this certific registered agent and agree to act in this capacity. I further statutes relating to the proper and complete performance accept the obligations of my position as registered agent. Registered Agent's Signature (REQ	vice of process for the above stated limited rate, I hereby accept the appointment as ragree to comply with the provisions of a of my duties, and I am familiar with and not as provided for in Chapter 605, F.S

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR, AMBR	Justin Lowd
	14808 SW 132 Avenue
	Miami, FL 33186
	 7
(Use attachment if necessary)	0 :
(Coo minute in Hoodship)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a member or a This document is executed in accordance any false information submitted in a document.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am awar nent to the Department of State constitutes a third degree
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b) Florida Statutes, Large great
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Justin Lowd	with section 605.0203 (1) (b), Florida Statutes, I am awar nent to the Department of State constitutes a third degree
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Justin Lowd	with section 605.0203 (1) (b) Florida Statutes, Large great

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-