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PICK-UP	TIAW	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
		
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: DRP Masonry LLC	
(Name	of Resulting Florida Limited Company)
	Articles of Organization, and fees are submitted to convert an "Othered Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence conc	erning this matter to:
Michael Hettinger	
(Contact Person)	
DRP Masonry LLC	
(Firm/Company)	
703 East Tennessee Street	
(Address)	
Tallahassee, Florida 32308	
(City, State and Zip C	Code)
mike@masonryinc.net	
E-mail Address: (to be used for future and	nual report notifications)
For further information concerning th	is matter, please call:
Michael Hettinger	at (850) 251-6621
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following dollars and drawn on a bank located in	amount: (All checks processed by this office must be payable in US in the United States)
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$150.00 Filing and Certificate of Status	Fees S180.00 Filing Fees and Certified Copy S185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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 t DRP Masonry, LLC	he Articles of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Limited Liability Corporation	
(Enter entity type. Example: corporation, limited partnership, general partnersh	
First organized, formed or incorporated under the laws of Louisiana, United St (Enter state, or if a non-U.S.	entity, the name of the country)
3/25/2014 on .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attac DRP Masonry LLC	hed Articles of Organization:
(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 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 requirement document's effective date on the Department of State's records.	
5. The plan of conversion has been approved in accordance with all applicable	
 The "Converted or Other Business Entity" has agreed to pay any members having which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F 	ng appraisal rights the amount to S. P. P. P. 2.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liabilit	y Company i	is:	
DRP Masonry LLC			
(Must contain the wor	ds "Limited Liabi	ility Company. "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the	principal office of the Limited Liability Company is:	
Principal Office Address:		Mailing Address:	
703 East Tennessee Street, Tallahassee FL 32308		703 East Tennessee St., Tallahassee FL 32308	
	ve as its own Reg stration.)	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another the registered agent are:	
Michael Hett	tinger Nar	nie	
	1401		
	nnessee Stree		
Florida stre	et address (P.	O. Box <u>NOT</u> acceptable)	
Tallahassee		FL 32308	
	City	Zip	
liability company at the place registered agent and agree to a statutes relating to the proper accept the obligations of my	ce designated act in this capa and complete position as r	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S	

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Donnie C Williams
	3 Bancroft Circle
	Monroe, Louisana 71201
AMGR	Michael A Hettinger
	703 East Tennessee Street
	Tallahassee, Florida 32308
(Use attachment if necessary) RTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE.	
,	
- VM	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felong
Michael Hettinger	
Ty	ped or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Signed this 9th day of November	20 22 .
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Printed Name: Northwest Registered Agent, LLC	Title: Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Down C. With	
Printed Name: Donnie C Williams	Title: Member
Signature: John P Willer	
Printed Name: John P Williams	Title: Member
6'	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
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Signature:Printed Name:	Title:
Timed Name.	- Tille:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or C	
If Directors or Officers have not been selected, an Inc.	orporator must sign.
If Florida General Partnership or Limited Liabilit	y Partnership:
Signature of one General Partner.	
If Florida I imited Doutnowskip on I imited I inhilite	**
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Linnen Lartnersup:
All others:	:
Signature of an authorized person.	<u>.</u>
Fees:	

Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

\$125.00 \$30.00 (Optional) \$5.00 (Optional)