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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GENE WILSON BUILDING CONTRACTOR (Name of Limited Liability Company)	LLC
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
TK WILSON (Name of Person)	
GENE WILSON BLDG. CONTRACTOR (Firm/Company)	
128 17th Wahneta ST. EAST (Address)	
Winter HAVEN FLORIDA 33880 (City/State and Zip Code)	
For further information concerning this matter, please call:	OSD DISIVIO DISIVIO
TK W(LSO) at (863) 324-5627 (Name of Person) (Area Code & Daytime Telephone Number)	DEC 12

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## CERTIFICATE OF CONVERSION

- Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the attached articles of organization and this certificate of conversion to convert to a Florida limited liability company: FIRST: The name of the unincorporated business immediately prior to filing this document was: SECOND: The date on which and the jurisdiction in which the unincorporated business was first created or otherwise came into being are: A. Date: B. Jurisdiction: HLK County If different from the above noted jurisdiction, the jurisdiction immediately prior to C. its conversion: THIRD: The name of the limited liability company as set forth in the attached articles of organization is: ene Wilson Buildi CONTRACTOR Signature of a Member or an Authorized Representative of a Member (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) FILING FEES: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Filing Fee for Registered Agent Designation \$ 25.00 Filing Fee for Certificate of Conversion \$ 30.00 Certified Copy (optional) KATHY LYNN DAVIS MY COMMISSION # DD 097336 \$ 5.00 Certificate of Status (optional) EXPIRES: June 1, 2006 Bonded Thru Notary Public Underwriters (Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:							
GENE Wilson Building	Contractor LLC						
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:							
Principal Office Address:	Mailing Address:						
128 11th WAHNETA St. EAST	SAME AS PRINCIPAL						
WINTER HAVEN, FL	Office						
33880	<u> </u>						
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered  TK WILSON Name  128 1th MAHNETA Florida street address (P.O. Box NO WINTER HAVEN FLO City, State, and Zip	d agent are:  12 PM 4: 28  St. EAST						

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)



ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

The hathe and address of each tranager	of wantaging wontour is as follows.		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR_	JK Wilson 128 lith Wahneta SEEA Winter Havan, Fl. 33890		
merm	SUE WILSON 128 17th Wanneta St. EAS Winter HAVEN, FL 33880	5T	
		03.DEC	SECRETA
(Use attachment if necessary)		12 PM 4: 28	Short Style
NOTE: An additional article must be	added if an effective date is requested.		ss.
REQUIRED SIGNATURE:			
Sue U	Milion		
Signature of a mamber or an a	utharized vanrasantetics of a mambar		

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

