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(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	(f)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
		4/7
	Office Use Only	100



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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:
AR Anderson Asphalt, Maint.
SECOND: The date on which and the jurisdiction in which the unincorporated business was first
created or otherwise came into being are:
A. Date: 01-01-1976
A. Date: 01-01-17 6 B. Jurisdiction: Columbia County, F
C. If different from the above noted jurisdiction, the jurisdiction immediately prior to
its conversion:
THIRD: The name of the limited liability company as set forth in the attached articles of
A, R Quderson Asphalt, Maint.
HIR HUGERSON HOPKEINI, Meini.
Ce-R leudensoen
Signature of a Member of an Authorized Representative of a Member
(In accordance with section 608.408(3), Florida Statutes, the execution of this document
and the tag on a Comparison and or the monalties of manifest the facts stated horsin are true \

FILING FEES:

Typed or Printed Name of Signee

\$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)
- \$ 5.00 Certificate of Status (optional)

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AR Auderson Asolalt, Maint, L.C. (Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adron Auderson Sr.		
(Name of Person)	40	
A.R. Anderson Asphalt Maint	- F	
(Firm/Company)	$\frac{\omega}{2}$	-
2581 5, US 441 (Address)	_=	
Lake CHy, F1, 32025	91:1	**************************************
(City/State and Zin Code)		

For further information concerning this matter, please call:

Adron Anderson at (386) 757-6783

(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

			-
Principal Office A	ddress:	Mailing Ade	<u>iress:</u>
7581 S. L	25,441	7581	S, U.S. 4
LakeCi	74, 51	Lake	City, F1
	32025	32	025
	Florida street address of		
	Florida street address of		Agent's Signature
	Florida street address of ARAud 758/ S	ersou	LLAHASSEE,
	Florida street address of ARAud 758/ S	the registered agent are:	LLAHASSEE,

Page 1 of 2 (CONTINUED)

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..

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. **REQUIRED SIGNATURE:** 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.) Typed or printed name of signee

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

\$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)