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SECRETARY OF STATE



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**--- FLORIDA - PERMA - PAVE ---**

14860 BEN C. PRATT SIX MILE CYPRESS PKWY, FORT MYERS, FL 33902

MAILING ADDRESS: P. O. BOX 337, ALVA, FL 33920

PH: (239) 277-0700 FAX: (239) 267-4716

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 19, 2004

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Ref.: Formation of a L. L. C for Florida-Perma-Pave

To Whom It May Concern:

Please find attached the Certificate of Conversion, Articles of Organization for the formation of a L. L. C. for Florida-Perma-Pave. Thank you.

If there are questions regarding this please contact me at (239) 277-0700 and I will be happy to help you.



Charles C. Lambert  
Owner

TRANSMITTAL LETTER

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TO: Registration Section  
Division of Corporations

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SUBJECT: FLORIDA-PERMA-PAVE, L.L.C.  
(Name of Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

CHARLES C. LAMBERT  
(Name of Person)

FLORIDA-PERMA-PAVE, L.L.C.  
(Firm/Company)

P.O. Box 337  
(Address)

ALVA, FL 33920  
(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLES C. LAMBERT at ( 239 ) 277-0700  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

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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:

FLORIDA - PERMA - PAVE

SECOND: The date on which and the jurisdiction in which the unincorporated business was first created or otherwise came into being are:

- A. Date: FEB. 7, 2001  
B. Jurisdiction: LEE COUNTY, FL  
C. If different from the above noted jurisdiction, the jurisdiction immediately prior to its conversion: N/A

THIRD: The name of the limited liability company as set forth in the attached articles of organization is:

FLORIDA - PERMA - PAVE, L. L. C.

Charles Lambert

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.)

CHARLES C. LAMBERT

Typed or Printed Name of Signee

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)  
\$ 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.)

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FLORIDA - PERMA - PAVE, L. L. C.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

14860 SIX MILE CYPRESS

PKWY.

FORT MYERS, FL 33912

**Mailing Address:**

P.O. Box 337

ALVA, FL 33920

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

CHARLES C. LAMBERT

Name

23730 PALM BEACH BLVD.

Florida street address (P.O. Box NOT acceptable)

ALVA, FL FLORIDA 33920

City, State, and Zip

*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..*

Chris Lambert

Registered Agent's Signature

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

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

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TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

CHARLES C. LAMBERT  
23730 PALM BEACH BLVD.  
ALVA, FL 33920

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Charles C. Lambert  
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.)

CHARLES C. LAMBERT  
Typed or printed name of signee

**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)