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TRANSMITTAL LETTER

	tration Section of Corp			
SUBJECT: _	McDo	onald Walls and (Name of Limite	Ceilings, LLC d Liability Company)	
The enclosed A	Articles of (Organization and fee(s) are s	ubmitted for filing.	
Please return a	ll correspor	ndence concerning this matte	er to the following:	
-	Patr	rick J. McDonald	Name of Person)	<u> </u>
	McDc	onald Walls and		7005
		5706 Autumn Sł	Firm/Company)	MISSEP 19 PM 3: 43
			(Address)	ER PLONA
		Zephyrhills, (City/	Fl. 33541 State and Zip Code)	
For further info	rmation co	ncerning this matter, please	call:	
	(Name of	McDonald Person) the following amount:	at (813) 715-7 (Area Code & Daytim (989) 652-3	583 (Florida) e Telephone Number) 3514 (Michigan)
☐ \$125.00 Fili	ng Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
	Registrate Division 409 E. G	T ADDRESS: tion Section of Corporations taines Street see, Florida 32399	Registratio Division of P.O. Box 6	Corporations

CERTIFICATE OF CONVERSION

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the <u>attached articles of organization</u> 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:				
Frankenmuth Drywall, LLC				
SECOND. The data are which and the invitalistic in which the universe at 11.				
SECOND: The date on which and the jurisdiction in which the unincorporated business was first created or otherwise came into being are:				
A. Date: 12-26-1996				
B. Jurisdiction: Michigan				
C. If different from the above noted jurisdiction, the jurisdiction immediately prior to its conversion:				
THED. The name of the limited liability company as set forth in the attached articles of				
The production with the same				
McDonald Walls and Ceilings, LLC				
Pard J. M. Color				
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.				
Patrick J. McDonald				
Typed or Printed Name of Signee 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: Eaction 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

ARTICLES OF CRGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

McDonald Walls and Ceilings,	LLC , , , , , , , , , , , , , , , , , ,			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address: Mail	ling Address:			
	6706 Autumn Shire Drive Sephyrhills, Fl. 33541			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature				
The name and the Fiorida street address of the registered agent are				
Patrick J. McDonald Name				
5706 Autumn Shire Dr Florida street address (P.	O. Box NOT acceptable)			
Zephyrhills, FL City, State, and Zip	33541			

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, F.S.

Registered Agent's Signature

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Patrick J. McDonald 5706 Autumn Shire Drive Zrphyrhills, Fl. 33541
MGRM	Joy J. McDonald 5706 Autumn Shire Drive Zephyrhills, Fl. 33541
	THE SEP TIL
(Use attachment if necessary)	TEU LEU
NOTE: An additional article mus	t be added if an effective date is requested.
REQUIRED SIGNATURE:	ORION CONTRACTOR ORION
2	

KIN 10 CCKIN 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.)

Patrick J. McDonald
Typed 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)

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