L06000114155

(Red	questor's Name)
(Add	dress)
(Add	dress)
(City	y/State/Zip/Phone #)
(Oil)	y Calcon Hono Hy
PICK-UP	WAIT MAIL
(Bus	siness Entity Name)
(540	
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:
R04-9	1172
1 PAY-1	/
1,0,1	
	**

Office Use Only



800082032028

11/27/06--01014--002 **150.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations	
SUBJECT: SALAZAR TRENC	HING LLC
	ulting Florida Limited Company)
	n, Articles of Organization, and fees are submitted to to a "Florida Limited Liability Company" in
Please return all correspondence conce	erning this matter to:
THOMAS SALAZAR	
(Contact Person)	
SALAZAR TRENCHING LLC	C Are S
(Firm/Company)	CC & ARE M
850 WARNER RD	IIII NOV 28 ECRETARY LLAHASSE
(Address)	Y 28 F TARY OF ASSEE,
GREEN COVE SPRINGS F	L 32043
(City, State and Zip Co	ode)
(0.0), 0.000 2.2 2.1	L 32043 Ode) FLORIDA FLORIDA
For further information concerning thi	
THOMAS SALAZAR	at (904) 545-1389
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following a	amount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing F and Certificate of Status	Sees \$180.00 Filing Fees and Certified Copy Certificate of Status \$185.00 Filing Fees, Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
I WITHINGSON, I II JEJUI	

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this	
Certificate of Conversion is: SALAZAR TRENCHING TAKE,	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a S-CORPORATION	
2. The "Other Business Entity" is a Control of the	CONTRACTOR OF THE PARTY OF THE
first organized, formed or incorporated under the laws of FLORIDA	H H
(Enter state, or if a non-U.S. entity, the name of the country)	
on 01/05/2004 25	
(Enter date "Other Business Entity" was first organized, formed or incorporated)	
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:	
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	
SALAZAR TRENCHING LLC	
(Enter Name of Florida Limited Liability Company)	

Page 1 of 2

5. If not effective on the date of filing, enter the ef (The effective date: 1) cannot be prior to nor m document is filed by the Florida Department of effective date listed in the attached Articles of O listed therein.)	ore than 90 days aft State; <u>AND</u> 2) must	be the same as th	e
Signed this day of	20 <u>06</u> .		
Signature of Authorized Person: Printed Name: THOMAS SALAZAR Title	MANAGER		
Timed Name.	•	200 SE	
		100 NOV 28 SECRETARY ALLAHASSE	
Fees:		E.F.	T D
Certificate of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00	12: 25 TATE ORIDA	
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)		

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or

ARTICLE I - Name:

"L.C.,")

The name of the Limited Liability Company is:

SALAZAR TRENCHING LLC

ARTICLE II - Address:	
The mailing address and street address of the prin	ncipal office of the Limited
Liability Company is:	
Principal Office Address:	Mailing Address:
850 WARNER RD	850 WARNER RD
GREEN COVE SPRINGS FL 32043	GREEN COVE SPRINGS FL 32043
ARTICLE III - Registered Agent, Registered Signature: (The Limited Liability Company cannot serve as its own Register individual or another business entity with an active Florida registration.)	red Agent. You must designate an 2
The name and the Florida street address of the re	
JOE D. JEFFERSON	25 IDA
5412 MORSE AVE.	
Florida street address (P.O. I	Box NOT acceptable)
JACKSONVILLE	FL 32244

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..

City, State, and Zip

Having been named as registered agent and to accept service of process for the

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member	
MGR	THOMAS SALAZAR
	850 WARNER RD
	GREEN COVE SPRINGS FL 32043
<u> </u>	
	70 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	CRE LAH
	OF S
······································	PAT 6
	5 9 ° °
	ate of filing.)
days prior to or 90 days after the days	ate of filing.)
days prior to or 90 days after the days efter the d	
days prior to or 90 days after the days days after the days after the days days after the days days after the days days after the days days days after the days days days after the days days days days days days days days	thorized representative of a member.
(In accordance with section 608.4 of this document constitutes an af	
A Signature of a member or an au (In accordance with section 608.4 of this document constitutes an af	thorized representative of a member. 408(3), Florida Statutes, the execution firmation under the penalties of perjury
REQUIRED SIGNATURE: Signature of a member or an au (In accordance with section 608. of this document constitutes an afthat the facts statement that the facts statement constitutes are a statement constitutes and the facts statement constitutes are a statement constitutes and the facts statement constitutes are a statement constitutes and the facts statement constitutes are a statement constitutes and the facts statement constitutes are a statement constitutes and the facts statement constitutes are a statement constitutes and the facts statement constitutes are a statement constitutes and the facts statement constitutes are a statement	thorized representative of a member. 408(3), Florida Statutes, the execution firmation under the penalties of perjury
REQUIRED SIGNATURE: Signature of a member or an au (In accordance with section 608. of this document constitutes an afthat the facts statement that the facts statement constitutes are a statement constitutes and the facts statement constitutes are a statement constitutes and the facts statement constitutes are a statement constitutes and the facts statement constitutes are a statement constitutes and the facts statement constitutes are a statement constitutes and the facts statement constitutes are a statement constitutes and the facts statement constitutes are a statement constitutes and the facts statement constitutes are a statement	thorized representative of a member. 408(3), Florida Statutes, the execution firmation under the penalties of perjury ated herein are true.)
Signature of a member or an au (In accordance with section 608. of this document constitutes an afthat the facts statement that the facts stateme	thorized representative of a member. 408(3), Florida Statutes, the execution firmation under the penalties of perjury ated herein are true.) ted name of signee
Signature of a member or an au (In accordance with section 608.4 of this document constitutes an afthat the facts statement and the facts statement a	thorized representative of a member. 108(3), Florida Statutes, the execution firmation under the penalties of perjury ated herein are true.) ted name of signee f Organization and Designation