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(Re	equestor's Name)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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07 JUL 31 PM 4: 19
SECRETARY OF STATE
AND ASSESS FLORID

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: S.B.T. Construction, L	LC Florida Limited Con	anony)		
•		,		
The enclosed Certificate of Conversion, Ar convert an "Other Business Entity" into a "accordance with s. 608.439, F.S.				
Please return all correspondence concernin	g this matter to:			
Diane Cohen, Esq.				
(Contact Person) DIANE COHEN, P.A.			07 JUL 31 PM 4: 19 SECRETARY OF STATE TALLAHASSEE. FLORID	•
(Firm/Company) 111 W. Main Street, Suite 203			L 31 HASSE	,
(Address)			F. 3	
Inverness, FL 34450			STA:	
(City, State and Zip Code)			IDA A	>
For further information concerning this ma	tter, please call:			
Diane Cohen, Esq.	_at (352)	637-1899		
(Name of Contact Person)	(Area Code a	and Daytime Telephone N	lumber)	
Enclosed is a check for the following amou	int:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fand Certified Copy		nd	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Registra Divisior P. O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314		

Certificate of Conversion

For

"Other Business Entity"

. Into

Florida Limited Liability Company

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

Certificate of Conversion is:	.S	
S.B.T. Construction, Inc.		
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a Corporation		
(Enter entity type. Example: corporation, limited partnership, sole propri general partnership, common law or business trust, etc.)	etorship,	
first organized, formed or incorporated under the laws of Florida		
(Enter state, or if a non-U.S. entity, the name of the country)		
on January 25, 2001		
(Enter date "Other Business Entity" was first organized, formed or incorp	orated)	
3. If the jurisdiction of the "Other Business Entity" was changed, the state or counder the laws of which it is now organized, formed or incorporated:	ıntry	
N/A	·	
4. The name of the Florida Limited Liability Company as set forth in the attache Articles of Organization:	1 111	
S.B.T. Construction, LLC	JUL 3	CONTRACTOR OF STREET
(Enter Name of Florida Limited Liability Company)	Jase -	7
Page 1 of 2	PM 4: 19 OF STATE E. FLORIDA	

(The effective date: 1) cannot be prior to nor mo document is filed by the Florida Department of S effective date listed in the attached Articles of Or listed therein.)	re than 90 days after the date this tate; <u>AND</u> 2) must be the same as the
Signed this 19th day of July	20_07
Signature of Authorized Person:	Cohen
Printed Name: Diane Cohen Title:	Attorney
Fees:	
Certificate of Conversion:	\$25.00

Page 2 of 2

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status:

O7 JUL 31 PM 4: 19
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con	mpany is:
S.B.T. Construction, LLC (Must end with the words "Limited Liability Computer.")	pany," the abbreviation "L.L.C.," or the designation
ARTICLE II - Address: The mailing address and street addres Liability Company is:	s of the principal office of the Limited
Principal Office Address:	Mailing Address:
1371 N. Lecanto Hwy., Suite B	P.O. Box 973

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

business entity with an active Florida registration.)

Lecanto, FL 34461

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

Steven B. Taylor

8149 Voyager Drive
Florida street address (P.O. Box NOT acceptable)

Citrus Springs
FL 3443

City, State, and Zip

Lecanto, FL 34460-0973

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 (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:

	Name and Address:
'MGR" = Manager 'MGRM" = Managing Membe	r
MGRM	Steven B. Taylor
	8149 Voyager Drive
	Citrus Springs, FL 34433
MGRM	Louisa M. Taylor
	8149 Voyager Drive
	Citrus Springs, FL 34433
,	
<u> </u>	
	(Use attachment if necessary)
	(Use attachment if necessary)
	•
LE V: Effective date, if other the NAL)	nan the date of filing:
NAL) fective date is listed, the date	must be specific and cannot be more than five
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NAL) fective date is listed, the date days prior to or 90 days after REQUIRED SIGNATURE: Signature of a member or	must be specific and cannot be more than five the date of filing.) an authorized representative of a member.
NAL) fective date is listed, the date days prior to or 90 days after REQUIRED SIGNATURE: Signature of a member or (In accordance with section	must be specific and cannot be more than five the date of filing.)
NAL) fective date is listed, the date days prior to or 90 days after REQUIRED SIGNATURE: Signature of a member or (In accordance with section of this document constitutes)	must be specific and cannot be more than five the date of filing.) an authorized representative of a member. an affirmation under the penalties of persons stated herein are true.
NAL) fective date is listed, the date days prior to or 90 days after REQUIRED SIGNATURE: Signature of a member or (In accordance with section of this document constitutes)	must be specific and cannot be more than five the date of filing.) an authorized representative of a member. an affirmation under the penalties of persons stated herein are true.
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NAL) fective date is listed, the date days prior to or 90 days after REQUIRED SIGNATURE: Signature of a member or (In accordance with section of this document constitutes that the factor of the content c	must be specific and cannot be more than five the date of filing.) an authorized representative of a member. an 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of persury facts stated herein are true.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)