L07000111751

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



800101811498

05/09/07--01015--003 **125.00

11/05/07--01001--016 **25.00

Rey 22331

07 MAY -9 PH 2:;



May 10, 2007

BRAD NORDMAN 1795 HIGHLAND PARK RD -DELAND, FL 32720

SUBJECT: NORDMAN MASONRY LLC

Ref. Number: W07000022531-

There is a balance due of \$25.00.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Letter Number: 607A00032824

Gina McLeod Document Specialist

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: //ORDMAN (Name of Resulting	MAS ONR V g Florida Limited Company)
The enclosed Certificate of Conversion, A convert an "Other Business Entity" into a accordance with s. 608.439, F.S.	rticles of Organization, and fees are submitted to "Florida Limited Liability Company" in
Please return all correspondence concerning	ng this matter to:
(Contact Person) ARD MAN (AMARCH (Firm/Company) 1795 High land (Address) De LAND F. (City, State and Zip Code)	SONAN. SONAN. SONAN. PARK Rd. 32720
For further information concerning this management of Contact Person)	atter, please call: 878 - 6579 Out 386 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amo	unt:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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: Norchan Masonru ha				
(Enter Name of Other Business Entity)				
2. The "Other Business Entity" is a				
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 (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:	07 HAY	SEGRE Syngas		
N/A Florida	-9	7.		
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	PH 2: 28	r Se		
(Enter Name of Florida Limited Liability Company)		•		

5. If not effective on the date of filing, enter the effective date:		
(The effective date: 1) cannot be prior to nor more than 90 days after the date this		
document is filed by the Florida Department of State; AND 2) must be the same as the		
effective date listed in the attached Articles of Organization, if an effective date is		
listed therein.)		
/		
Signed this 26 day of 70 20 20.		
Signed this day of 20		
Signature of Authorized Person: (human)		
Printed Name: DRADLEY J Morantele: Corner		
A Cont		
/ // // // // // // // // // // // // /		

Fees:

Certificate of Conversion:

\$25.00

Fees for Florida Articles of Organization:
Certified Copy:
Certificate of Status:

\$125.00

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	3:
Wordman Ma	sonry LLC
(Must end with the words "Limited Liability Company, "LimitL.C.,")	ited Company" or their abbreviation "LLC," or
ARTICLE II - Address:	
The mailing address and street address of the p Liability Company is:	principal office of the Limited
Principal Office Address:	Mailing Address:
1795 Highland Park RD. Deland J.Florida 32720	1795 Highland Park RO Deland, Horida 32720
ARTICLE III - Registered Agent, Registered Signature: (The Limited Liability Company cannot serve as its own Regindividual or another business entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
Leah Du	Hon
728 W. Florida street address (P.C	renze Avenue
Deland	FL 32720
City, Sta	ite, 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, 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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: ___ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) <u>REQUIRED</u> 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

Filing Fees:

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

that the facts stated herein are true.)

Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)