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

Office Use Only



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08 JAN -3 PH 2: 49
SECRETARY OF STATE
FALLAHASSEE FLORID!

RECEIVED

08 JAN -3 PM 2:38

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ed Cox Const	Truction LLC Plorida Limited Company)
The enclosed Certificate of Conversion, Articonvert an "Other Business Entity" into a "Faccordance with s. 608.439, F.S.	cles of Organization, and fees are submitted to lorida Limited Liability Company" in
Please return all correspondence concerning	this matter to:
Edward Cox (Contact Person)	·
(Contact Person)	
(Firm/Company)	
246 Thorpe Circl.	4
(City, State and Zip Code)	351
For further information concerning this matter	er, please call:
(Name of Contact Person)	at () (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount	
	\$180.00 Filing Fees, and Certified Copy 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

08 JAN -3 PM 2:50

SECRETARY OF STATE TALLAHASSEE FLORIDA

<u>Certificate of Conversion</u> 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: Ed Cox Construction Inc. P03-13.9006 (Enter Name of Other Business Entity)						
2. The "Other Business Entity" is a <u>Corporation</u> . (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)						
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 /1-25-03 (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:						
Ed Cox Construction LLC						
(Enter Name of Florida Limited Liability Company)						

Page 1 of 2

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 3 day of January 2008.
Signature of Authorized Person: Would W. Carm
Printed Name: Donald W. Carman Title: Athorized Representative
Fees:
Certificate of Conversion: \$25.00

\$125.00

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

The mailing address and s Liability Company is:	street address of the pri	incipal office of the Li	mited		
Principal Office Address	<u>s:</u>	Mailing Address:			
246 Tharpe	Circle	<u> </u>			
Quincy Fl	32351	_ SAME	=		
ARTICLE III - Register Signature:	ed Agent, Registered	Office, & Registered		>	
(The Limited Liability Company condition individual or another business entity with an active Flo	•	ered Agent. You must designat		OR IAN -	
The name and the Florida	street address of the re	egistered agent are:	SES:	-3 P뫂	
\mathbb{I}	Sonald W. (arman	- ST	M 2: 50	40.000
Floric	Ho Hant Kame la street address (P.O.)	Box <u>NOT</u> acceptable)	RIDA	50	
	City, State	FL 32351 , 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

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
marm	Ed Cox 2416 Tharpe Circle Quincy Fl 3235/		
ARTICLE V: Effective date, if other than the	(Use attachment if necessary)		
(OPTIONAL) (If an effective date is listed, the date must be business days prior to or 90 days after the date	be specific and cannot be more than free		
REQUIRED SIGNATURE:	ASSEE OF THE		
Signature of a member or an aut	horized representative of a member. N		
of this document constitutes an affi	08(3), Florida Statutes, the execution of perfury ted herein are true.)		
Donald W. Carman 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)