

108 000005063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

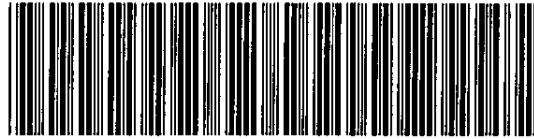
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2008 JAN 14 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**T. CLINE**

JAN 15 2008

**EXAMINER**

108-5063



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 8, 2008

RICHARD SALWAY  
P.O. BOX 292  
LOUGHMAN, FL 33858

SUBJECT: ZONE CONSTRUCTION SERVICES INC.  
Ref. Number: W08000001093

We have received your document for ZONE CONSTRUCTION SERVICES INC. and your check(s) totaling \$150.00. However, the document has not been filed and is being retained in this office for the following:

The articles of organization were missing from your document. Please complete and return to us.,

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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 608A00001572

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ZONE CONSTRUCTION SERVICES LLC.

(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

RICHARD SALWAY

(Contact Person)

ZONE CONSTRUCTION SERVICES LLC.

(Firm/Company)

P.O. BOX 292

(Address)

LOUGHMAN FL, 33858

(City, State and Zip Code)

For further information concerning this matter, please call:

RICHARD SALWAY at (407) 433-8949

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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

☐ \$185.00 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

**ZONE CONSTRUCTION SERVICES INC.**

(Enter Name of Other Business Entity)

PO6-18844

2. The "Other Business Entity" is a **COPORATION**

(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 **02/08/2006**

(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:

**ZONE CONSTRUCTION SERVICES LLC.**

(Enter Name of Florida Limited Liability Company)

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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 02 day of JANUARY 2008.

Signature of Authorized Person: \_\_\_\_\_

*Richard Salway*

Printed Name: RICHARD SALWAY Title: OWNER

**Fees:**

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ZONE CONSTRUCTION SERVICES LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

ZONE CONSTRUCTION SERVICES LLC  
242 CENTER ST  
LOUGHMAN, FL 33858

**Mailing Address:**

ZONE CONSTRUCTION SERVICES LLC  
P.O. BOX 292  
LOUGHMAN, FL 33858

**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.)

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

RICHARD SALWAY

Name

242 CENTER ST

Florida street address (P.O. Box NOT acceptable)

LOUGHMAN FL 33858

City, State, 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.

Richard Salway  
Registered Agent's Signature (REQUIRED)

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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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MAILING

PHYSICAL

MGR

RICHARD SALWAY  
P.O. BOX 292  
LOUGHMAN, FL 33858

RICHARD SALWAY  
242 CENTER ST  
LOUGHMAN, FL  
33858

(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.)

**REQUIRED SIGNATURE:**

Richard Salway

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.)

RICHARD SALWAY

Typed or printed name of signer

**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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