10800021152

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L. SELLERS
- OLLLERS
FEB 2 8 2008
EXAMINER

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SUCKENAGE PH 1: 48

COVER LETTER

TO:	Registration S Division of Co			
SUBJ	ECT: <i>В</i>	alcom Enter	ng Florida Limited Company)
conve		siness Entity" into a	Articles of Organization "Florida Limited Liabi	, and fees are submitted to lity Company" in
Please	e return all corre	espondence concerni	ing this matter to:	
	Paul As Strombeu	Kcra ff (Contact Person) K Consulting J (Firm/Company)	Frc.	
	150 Terra	(Address)		
	Orlando (C	FZ 32835 City, State and Zip Code)	
For fi	ırther informatio	on concerning this m	natter, please call:	
	Name of Conta	ct Person)	at (40 7) 5 (Area Code and D	95-3096 aytime Telephone Number)
Enclo	sed is a check for	or the following amo	ount:	
(\$25 fc & \$125	0.00 Filing Fees or Conversion 5 for Articles anization)	\$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
Regis Divisi Clifto 2661	EET ADDRESS tration Section ion of Corporation Building Executive Center tassee, FL 3230	ons er Circle	MAILING A Registration Division of O P. O. Box 63 Tallahassee,	Section Corporations 27

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.

1. The name of the "Other Business Entity" immediately prior to the filing of this
Certificate of Conversion is:
ABC Paving + Seal Gating Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corporation</u> .
(Enter entity type. Example: corporation, limited partnership, sole proprietorshi
general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Flor: da
(Enter state, or if a non-U.S. entity, the name of the country)
on $6/26/2003$
(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:
N/A
4. The name of the Florida Limited Liability Company as set forth in the attached
Articles of Organization:
Balcon Enterprises, LL C (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)

Page 1 of 2

SECHELLARY OF STATE A

5. If not effective on the date of filing, enter the effective date: date of filing. (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 20 day of Fers

Signature of Authorized Person: X

Printed Name: Troy Balan Title: Managing Member

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)

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:	
The mailing address and street address of	the principal office of the Limited
Liability Company is:	
Principal Office Address:	Mailing Address:
2067 Piedmont Pack Blvd	. SAME
2067 Piedmont Park Blvd Apopka FL 32703	
ADDICTE HE D. C. L. A. D. C.	. 1000 0 0 14 14 4
ARTICLE III - Registered Agent, Regis	stered Office, & Registered Agent's
Signature: (The Limited Liability Company cannot serve as its own	Pagistared Agent Vou must designate an
individual or another	r Registered Agent. Four must designate an
business entity with an active Florida registration.)	
The name and the Florida street address of	f the registered agent are:
	<u> </u>
Troy Balcom	Name nont Park Blvd.
	Name
2067 Piedn	nont Park Blvd.
Florida street address	(P.O. Box <u>NOT</u> acceptable)
1 anta	FL 327-3 , State, and Zip
City	State and Zin
City	, State, and Zip
Having been named as registered agent of above stated limited liability company at t	and to accept service of process for the
Having been named as registered agent o	and to accept service of process for the the place designated in this certificate,
Having been named as registered agent of above stated limited liability company at the hereby accept the appointment as reginal capacity. I further agree to comply with the capacity is a state of the comply with the capacity.	and to accept service of process for the the place designated in this certificate, istered agent and agree to act in this the provisions of all statutes relating to
Having been named as registered agent of above stated limited liability company at the hereby accept the appointment as regingular capacity. I further agree to comply with the proper and complete performance of	and to accept service of process for the the place designated in this certificate, istered agent and agree to act in this the provisions of all statutes relating to f my duties, and I am familiar with and
Having been named as registered agent of above stated limited liability company at the hereby accept the appointment as regional capacity. I further agree to comply with the proper and complete performance of accept the obligations of my position a	and to accept service of process for the the place designated in this certificate, istered agent and agree to act in this the provisions of all statutes relating to my duties, and I am familiar with and is registered agent as provided for in
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Having been named as registered agent of above stated limited liability company at the hereby accept the appointment as registered agent of capacity. I further agree to comply with the proper and complete performance of accept the obligations of my position at Chapter 6	and to accept service of process for the the place designated in this certificate, istered agent and agree to act in this the provisions of all statutes relating to f my duties, and I am familiar with and as registered agent as provided for in \$\text{08}, F.S
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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	
MGRM	Troy Ballom 2067 Piedmont Park Blue Apoke FL 32703
MGR	Lora Balcom 2067 Piedment Park Blue Apopka Fr. 32703
	
	(Use attachment if necessary)
	e date of filing:
NAL) ffective date is listed, the date must s days prior to or 90 days after the date of the date must set of the date of the	be specific and cannot be more than five
NAL) ffective date is listed, the date must stays prior to or 90 days after the description of a member or an au (In accordance with section 608, of this document constitutes an afthat the facts stays and the section of the sectio	be specific and cannot be more than five ate of filing.)
NAL) ffective date is listed, the date must stays prior to or 90 days after the description of a member or an au (In accordance with section 608.4 of this document constitutes an after the facts stays and the facts stays are constituted.	be specific and cannot be more than five ate of filing.) thorized representative of a member. 408(3), Florida Statutes, the execution firmation under the penalties of perjury
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Page 2 of 2