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



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JUN - 2 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Artistic Concrete of W. FL (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:			
Cynthia A. O'Nei (Contact Person)			
Artistic Concrete of NFL (Firm/Company)			
5757 Woods Creek Rd (Address) Fun =			
Permy FL 33347 (City, State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Contact Person) at (850) 673-9854 573 (Area Code and Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$150.00 Filing Fees (\$25 for Conversion & and Certificate of Status of Organization) \$155.00 Filing Fees \$180.00 Filing Fees and Certified Copy \$185.00 Filing Fees \$185.			
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P. O. Box 6327 Tallahassee, FL 32314			

Tallahassee, FL 32301

$\underline{\textbf{Certificate of Conversion}}$

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: Artistic Concrete of North Moricla Inc
(Enter Name of Other Business Entity) Po5-63360
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 <u>39 April 3005</u> . (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: Artistic Concrete of North Marida Limited Liability Company as set forth in the attached Articles of Organization:
(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		
Signed this 3 day of Jone 2008.		
Signature of Authorized Person: Cynthia Or O' Pur		
Printed Name: Cynthua A. O'Weil Title: President		

Fees:

Certificate of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Certified Copy:

Certificate of Status:

\$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:				
Antistic Concrete of North Horida L.C. (Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
5757 Woodscreek Rd Ferry FL 32347	5757 Woodscreek Rd Perry FL 32347			
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:				
The name and the Florida street address of the registered agent are: Cythia A. O'Neil Name Name Florida street address (P.O. Box NOT acceptable) The name and the Florida street address (P.O. Box NOT acceptable)				
9	e, and Zip			
Having been named as registered agent and to accept service of process for the				

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)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member $_{ extsf{M}}$ (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (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 Certificate of Conversion, if an effective date is listed therein.) **REQUIRED 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 that the facts stated herein are true.) Typed or printed name of signee Filing Fees:

ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

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