# L09000018278

(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



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THE 23 PH 2: 15
SECRETARY OF STATE
OF S

C. LEWIS
2-24-09
EXAMINER

#### **COVER LETTER**

TO: Registration Section **Division of Corporations** 

SUBJECT: TaskMasters Corp./Construction Solutions Group 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:

Howard M. Nolan				
	(Contact Person)		<del></del> -	
TaskMasters Corp./Co	nstruction Solutions Gro	up LLC		
	(Firm/Company)		<del></del>	
4511 S. Ocean Boulev	ard: #603		•	
	(Address)		<del></del>	
Highland Beach, FL 3	3487			
(	City, State and Zip Code)			
For further informati Howard M. Nolan	on concerning this ma	tter, pleas		4-0567
(Name of Conta	nct Person)	(Аг	ea Code and	Daytime Telephone Number)
Enclosed is a check t	for the following amou	int:		
\$2 \$150.00 Filing Fees \$25 for Conversion \$ \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status		0 Filing Fees fied Copy	Certificate of Status
CTDEET ANNOES	ç.	1	MATI INC	ANNDECC.

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Registration Section **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314



## RECEIVED DEPARTMENT OF STATE 09 FEB 23 PM I2: 35

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2009

HOWARD M. NOLAN TASKMASTERS CORP/ CONSTRUCTION SOLUTIONS 4511 S OCEAN BLVD #603 HIGHLAND BEACH, FL. 33487

SUBJECT: TASKMASTERS CORP. / CONSTRUCTION SOLUTIONS GROUP

Ref. Number: P07000011956

We have received your document for TASKMASTERS CORP. / CONSTRUCTION SOLUTIONS GROUP and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORP.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration Section

Letter Number: 809A00003007

FILED

### **Certificate of Conversion**

For

## "Other Business Entity"

Into

#### Florida Limited Liability Company

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2009 FEB 23 PM 2: 15

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.

	(Enter Name of Other Business Entity)
2 The "Ot	her Business Entity" is a corporation
	tity type. Example: corporation, limited partnership, sole proprietorship,
`	general partnership, common law or business trust, etc.)
first organiz	zed, formed or incorporated under the laws of Florida
	(Enter state, or if a non-U.S. entity, the name of the country)
on 01/22/07	
(Enter d	ate "Other Business Entity" was first organized, formed or incorporated)
	risdiction of the "Other Business Entity" was changed, the state or country ws of which it is now organized, formed or incorporated:
4. The nam	e of the Florida Limited Liability Company as set forth in the attached Organization:
4. The nam Articles of	
4. The nam Articles of	Organization:
4. The nam Articles of TaskMasters	Organization: s/Construction Solutions Group LLC

Signed this 14th day of January	20 <u>09</u> .	
Signature of Member or Authorized Representa	ntive of Limited Liability Company:	
Signature of Member or Authorized Representative Printed Name: Howard M. Nolan	Title: Member	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).]	
Signature:	Title: President	
Signature:	Tala	
Printed Name:		
Signature:Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Ciamatium		
Signature:Printed Name:	_ Title:	
Signature:		
Printed Name:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Chairman, Direct	Officer.	कृत्य महित्युव्यः <b>।</b>
If Directors or Officers have not been selected, an Inc		X-market a
If Florida General Partnership or Limited Liability Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	240	<sup>*</sup> ********************************
All others: Signature of an authorized person.		, ,
Fees:		
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$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:

TaskMasters/C	onstruction Soluti	ions Group LLC		
(Must end with the words "Li "LLC.")	mited Liability Company," tl	he abbreviation "L.L.C.," or the design	mation	
ARTICLE II - Addre The mailing address a Liability Company is:	nd street address of th	e principal office of the Lin	nited	
Principal Office Add	ress:	Mailing Address:		
4511 S. Ocean Bouleva Highland Beach, FL 334	· —	4511 S. Ocean Bouleva Highland Beach, FL 33	-	
Signature: (The Limited Liability Compaindividual or another business entity with an activ  The name and the Floring Liability Compaindividual or another business entity with an activ	any cannot serve as its own R e Florida registration.) rida street address of t Lorraine M. Breault N 4511 S. Ocean Bouleva orida street address (F	P.O. Box NOT acceptable)  FL 33487		
	City, S	State, and Zip		
Havina haan namad	as registered agent ar	nd to accent service of proces	es 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

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

FILED

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

The name and address of each Manager or Managing Member is as follows:

2009 FEB 23 PM 2: 15

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
MGR	Howard M. Nolan 4511 S. Ocean Boulevard: #6 Highland Beach. FL 33487	603
	(Use attachment if necessar	ry)
ARTICLE V: Effective date, if other than the	date of filing:(OPTIONAL)	<del></del> .
The effective date: 1) cannot be prior to a document is filed by the Florida Department the effective date listed in the attached Colate is listed therein.)  REQUIRED SIGNATURE:	or more than 90 days after th nt of State; <u>AND</u> 2) must be th	e date this he same as
Signature of a member or an au	thorized representative of a m	ember.
(In accordance with section 608. of this document constitutes an af that the facts sta		
Howard M. Nolan Typed or prin	ted 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)

Page 2 of 2