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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Jackson & Son	Construction, LLQ. Florida Limited Company)
(Name of Resulting	Florida Limited Company)
The enclosed Certificate of Conversion, Ar convert an "Other Business Entity" into a "accordance with s. 608.439, F.S.	ticles of Organization, and fees are submitted to Florida Limited Liability Company" in
Please return all correspondence concerning	g this matter to:
Evoral Jackson (Contact Person) Jackson Masony, Inc. (Firm/Company)	
(Contact Person)	
Jackson Masony, Inc.	
(Firm/Company)	
30NE 146 ST (Address)	
(/ tuu: 035)	
Migmi, Fl 3314 (City, State and Zip Code)	
(City, State and Zip Code)	
For further information concerning this ma	tter, please call:
Evaral Sackson	at (1118 954 822 3922
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
,	
Enclosed is a check for the following amou	int:
\$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:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P. O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	•

## 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:

\[
\( \ambla \text{21228}\)

(Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Lorporation.
(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 4/19/1988
(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:
Flarida .

4. The name of the Florida Limited Liability Company as set forth in the attached

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 10 day of March 2009.
Signature of Member or Authorized Representative of Limited Liability Company:
Signature of Member or Authorized Representative: Euro Jackson Title: President
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]
Signature: Ewotal Jackson Jr Title: Vity President
Printed Name: Vity 1985 444
Signature: EUNE Sack SON Title: Presedent Printed Name: ExoRAL Sack SON Title: Presedent
Signature: Greene Jackson
Signature: Suonne Jackson Printed Name: YUONNE JACKSON Title: SECRETARY
Signature: Title:
Signature: Title:
Printed Name: Title:
Signature:
Signature: Printed Name: Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.
All others: Signature of an authorized person.
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)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Lin	nited Liability Co	mpany is:		
)ackson	& Son Cons	itruction	1,LLC.	
(Must end with the words "LLC.")	"Limited Liability Comp	pany," the abbre	viation "L.L,C.	" or the designation
ARTICLE II - Add The mailing address Liability Company	s and street address	s of the princ	cipal office	of the Limited
Principal Office A	ddress:	<u> </u>	Mailing Ad	ldress:
30 NE 146 ST			30 NE 14	465T
Migmi , F1 3316			Miami,1	= [ 3316]
ARTICLE III - Re Signature: (The Limited Liability Co individual or another business entity with an au	mpany cannot serve as it	ts own Registere		
The name and the F			istered ager	nt are:
	Evoval Jac	ckson		
	Evoval Jac 30 NE 146 51	Name		
•	Florida street add	ress (P.O. B	ox <u>NOT</u> ac	ceptable)
	Miami	]	FL 33/	61
	<u> </u>	City, State, a	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
M6R	Ewal Jackson Se 30NE 146 5T MINNI JF1 33161
MGRM	Evang   Jackson JR 30 NE 146 ST MI uml, Fl 33161
MGRM	Yvonne Jackson 30 NE 196 ST Hiamly Fl 371611
<b>LE V:</b> Effective date, if other th	(Use attachment if necessary)
nt is filed by the Florida Depa	•
Tective date: 1) cannot be prion of the filed by the Florida Departure date listed in the attack isted therein.)  REQUIRED SIGNATURE:	(OPTIONAL) or to nor more than 90 days after the date this artment of State; AND 2) must be the same as hed Certificate of Conversion, if an effective
ective date: 1) cannot be prion of its filed by the Florida Departive date listed in the attackisted therein.)  REQUIRED SIGNATURE:	(OPTIONAL) or to nor more than 90 days after the date this artment of State; AND 2) must be the same as hed Certificate of Conversion, if an effective an authorized representative of a member.
rective date: 1) cannot be prion to is filed by the Florida Departive date listed in the attack isted therein.)  REQUIRED SIGNATURE:  Signature of a member or  (In accordance with section of this document constitutes that the face	(OPTIONAL) or to nor more than 90 days after the date this artment of State; AND 2) must be the same as hed Certificate of Conversion, if an effective

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

Page 2 of 2