# 109000001181

| `                    |                          |
|----------------------|--------------------------|
| •                    | (Requestor's Name)       |
|                      | (Address)                |
| <u> </u>             | (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:     |
| L.                   | SELLERS                  |
|                      | JUL <b>2 9</b> 2009      |
| EXAMINER             |                          |
| 420                  | a Partlaly               |

Office Use Only



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SECRETARY OF STATE
ALLAHASSEE FLORID

#### **COVER LETTER**

**TO:** Registration Section

| Division of C  | Corporations   |   |  |
|--|--|---|--|
| SUBJECT: HEAV  | YWEIGHT CONG   | CRETE PUMPIN<br>Florida Limited Compar  |  |
|  | ısiness Entity" into a '                             |   | n, and fees are submitted to ility Company" in                         |
| Please return all corr   | espondence concernin                                 | g this matter to:                       |  |
| STEVEN HOSKINS SI  | R. (Contact Person)                                  |   |  |
| HEAVYWEIGHT CON  | CRETE PUMPING (Firm/Company)                         |   |  |
| 6306 GILCHRIST ROA   | (Address)  |   |  |
| JACKSONVILLE FLOR  |  |   |  |
| ((   | City, State and Zip Code)                            |   |  |
| For further information  | on concerning this ma                                | tter, please call:                      |  |
| STEVEN HOSKINS SI  | ·  | _ \                                     | 19579  |
| (Name of Conta   | ct Person)   | (Area Code and                          | Daytime Telephone Number)  |
| Enclosed is a check f  | or the following amou                                | int:                                    |  |
| \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) | \$155.00 Filing Fees<br>and Certificate of<br>Status | \$180.00 Filing Fees and Certified Copy | □\$185.00 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |
| STREET ADDRESS   | S:   | MAILING                                 | ADDRESS:   |
| Registration Section   | _  | Registration                            |  |
| Division of Corporati  | ions   |   | Corporations   |
| Clifton Building 2661 Executive Cent   | er Circle  | P. O. Box 6                             | 327<br>FL 32314  |
| Tallahassee, FL 323  |  | rananassee                              | , 1 L J4J IT   |



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 15, 2009

STEVEN HOSKINS SR. 6306 GILCHRIST ROAD JACKSONVILLE, FL 32219

SUBJECT: HEAVYWEIGHT CONCRETE PUMPING LLC

Ref. Number: W09000032466

We have received your document for HEAVYWEIGHT CONCRETE PUMPING LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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) 245-6967.

Letter Number: 109A00024275

Leslie Sellers Regulatory Specialist II

## 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.

|                               | (Enter Name of Other Business Entity)  |
|-------------------------------|--|
| 2. The "Other                 | Business Entity" is a CORPORATION .  |
|                               | Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)           |
| first organized               | l, formed or incorporated under the laws of FLORIDA  |
| _                             | (Enter state, or if a non-U.S. entity, the name of the country)  |
| on may 23,200                 | )8   |
|                               | e "Other Business Entity" was first organized, formed or incorporated)   |
|                               | diction of the "Other Business Entity" was changed, the state or country s of which it is now organized, formed or incorporated: |
| FLORIDA                       |  |
| 4. The name of Articles of Or | of the Florida Limited Liability Company as set forth in the attached rganization:   |
| HEAVYWEIGH                    | IT CONCRETE PUMPING LLC  |
|                               | (Enter Name of Florida Limited Liability Company)  |
| 5. If not effec               | tive on the date of filing, enter the effective date:  |
|                               | e date: 1) cannot be prior to nor more than 90 days after the date this  |

Page 1 of 2

| Signed this 30 day of JUNE   | 20_09  |
|--|--|
| Signature of Member or Authorized Representa   | ative of Limited Liability Company:                            |
| Signature of Member or Authorized Representativ Printed Name: STEVEN HOSKINS SR.                             | e: Steven Hoshus  Title: PRESIDENT                             |
| Signature(s) on behalf of Other Business Entity:   |  |
| Signature: Steven Hoskins Printed Name: Steven Hoskins   |  |
| Printed Name: STEVEN HASKINS   | Title: <u>Presiden</u> +                                       |
| Signature:   |  |
| Printed Name:  | Title:   |
| Signature:   |  |
| Printed Name:  | Title:   |
| Signature:   |  |
| Printed Name:  | Title:   |
| Signature:   |  |
| Printed Name:  | Title:   |
| Signature:   |  |
| Printed Name:  | Title:   |
| If Florida Corporation:  |  |
| Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-   |  |
|  | ,  |
| If Florida General Partnership or Limited Liabili Signature of one General Partner.                          | ty Partnership:  |
| Signature of the General Partner.  |  |
| If Florida Limited Partnership or Limited Liabili  | ty Limited Partnership:  |
| Signatures of ALL General Partners.  |  |
| All others: Signature of an authorized person.   |  |
| Fees:  |  |
| Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |

Page 2 of 2

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SECRETARY OF STATE
TALLAMASSEE FLORIDA

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

| <b>ARTICL</b> | ΕI | - Name | e: |
|---------------|----|--------|----|
|---------------|----|--------|----|

The name of the Limited Liability Company is:

### HEAVYWEIGHT CONCRETE PUMPING LLC. (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:                              |  |
|---|--|---|--|
| 5790SAWYER_AVE.<br>JACKSONVILLE FLORIDA 32208 |  | 6306 GILCHRIST ROAD  JACKSONVILLE FLORIDA 322 |  |

### 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:

| STEVEN HOSKINS SR        | <b>.</b>                 |
|--------------------------|--------------------------|
| Ŋ                        | lame                     |
| 6306 GILCHRIST ROA       | D                        |
| Florida street address ( | P.O. Box NOT acceptable) |
| JACKSONVILLE             | FL 32219                 |
| 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

Registered Agent's Signature (REQUIRED)

(CONTINUED) 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:

| <u>Title:</u> "MGR" = Manager   | Name and Address:   |
|---|---|
| "MGRM" = Managing Member $MGRM$   | Hoskins Steven  |
|   | _ JAX. F1 32219   |
|   |   |
|   |   |
|   |   |
|   |   |
|   | (Use attachment if necessary)   |
| RTICLE V: Effective date, if other than the   | •   |
| The effective date: 1) cannot be prior to a ocument is filed by the Florida Department effective date listed in the attached Cate is listed therein.) | (OPTIONAL) nor more than 90 days after the date this ent of State; <u>AND</u> 2) must be the same as    |
| REQUIRED SIGNATURE:   | / /   |
| Stwem H   | sliús   |
| Signature of a member or an au  | thorized representative of a member.  |
| of this document constitutes an af  | 408(3), Florida Statutes, the execution firmation under the penalties of perjury ated herein are true.) |
| STEVEN HOSKINS SR.  |   |
| Typed or prin   | nted name of signee   |
| Filing Fees:  | <b>&gt;</b> υ - <b>Θ</b>  |

\$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

SECRETARY OF STATE TALLANASSEE FLORIDI