# L10000033999

(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:
,
W10-14401

Office Use Only

EFFECTIVE DATE 3/36/10



800171989488

03/23/10--01002--023 \*\*155.00

10 MAR 26 PH 2: 30

D. BRUCE

MAR 29 2010

**EXAMINER** 



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 23, 2010

EDMUND HINGLEY 1101A SUN CENTURY RD NAPLES, FL 34110

SUBJECT: 1ST CHOICE CONSTRUCTION GROUP LLC

Ref. Number: W10000014401

We have received your document for 1ST CHOICE CONSTRUCTION GROUP LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 010A00007094

## **COVER LETTER**

Division of Co						
SUBJECT: 1st Choice	Construction Group LLC					
	(Name of Resulting	Florida Limited Co	mpany)			
The enclosed Certific convert an "Other Bu accordance with s. 60	siness Entity" into a "					
Please return all corre	espondence concerning	g this matter to:				
Edmund Hingley						
	(Contact Person)		_			
1st Choice Contruction G	roup LLC		_			
	(Firm/Company)					
1101A Sun Century Rd			_			
	(Address)					
Naples, Fl 34110					Be.	
(C	City, State and Zip Code)		-			<u> </u>
LaurieLeppo@gmail.com	·		_		<b>基</b> 第	
E-mail Address: (to be	e used for future annual rep	port notifications)			28 78 78 78 78 78	-
For further information	on concerning this mat	tter, please call:			PH.	m
Lance Lustik		at (239	)280-6	775	2: 3 PRI	U
(Name of Contac	et Person)	(Area Code	and Day	ytime Telephone	Number)	
Enclosed is a check for	or the following amou	nt:				
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	2\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Cop		□\$185.00 Filin Certified Copy, Certificate of St	and	
STREET ADDRESS Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle	Registr Divisio P. O. B	ration S on of Co Sox 632	orporations	·	

## **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:  Print Dryweil + Plastering Inc.  (Enter Name of Other Business Entity) PO6 000 10 7 980
(Enter Name of Other Rusiness Entity) 00 000 000 000
(Enter Name of Other Business Entry) 706 000 10 1480
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, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on 8-17-2006 (Enter date "Other Business Entity" was first organized, formed or incorporated)
(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:
1st Choice Construction Group LLC
(Enter Name of Florida Limited Liability Company)
\$\hat{z} & \hat{z}
5. If not effective on the date of filing, enter the effective date: 3-26-10
(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.)

Page 1 of 2



2010
ative of Limited Liability Company:
2 2
e:
[See below for required signature(s).]
_Title: Representative
Title:
Title:
Title:
Title:
Title:
Title:
Title:
Officer.
corporator must sign.
ty Partnership:
ty Limited Partnership:
LA
HASS
25 A A S
E PH
\$25.00
\$25.00 \$125.00 \$10A
\$30.00 (Optional)
\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1st Choice Constru	uction Group LLC	
		Company," the abbreviation "L.L.C.," or the designation
ARTICLE II - A	ddress:	
		ress of the principal office of the Limited
Liability Compan		• •
Principal Office	Address:	Mailing Address:
1101A Sun Century	Rd	- same -
Naples, FL 34110		
business entity with an	active Florida registra Florida street add	•
business entity with an	J	dress of the registered agent are:
business entity with an	Florida street add	dress of the registered agent are:  Name  Name
•	Florida street add	dress of the registered agent are:  Name  Name
business entity with an	Florida street add	dress of the registered agent are:  Name  Ve Ste 214
business entity with an	Florida street add  Nicolas Tax & Accountin  5051 Castello Driv  Florida street a	ntion.)  dress of the registered agent are:  Name  ve Ste 214  ddress (P.O. Box NOT acceptable)
business entity with an	Florida street add  Nicolas Tax & Accountin  5051 Castello Driv  Florida street a  Naples	Name ve Ste 214 iddress (P.O. Box NOT acceptable)  FL 34103  City, State, and Zip
business entity with an The name and the Having been na	Florida street add  Nicolas Tax & Accountin  5051 Castello Driv  Florida street a  Naples	ntion.)  dress of the registered agent are:  Name  ve Ste 214  ddress (P.O. Box NOT acceptable)  FL 34103  City, State, and Zip
business entity with an The name and the Having been na above stated limit	Florida street add  Nicolas Tax & Accountin  5051 Castello Driv  Florida street a  Naples  med as registered aited liability comp	ndress of the registered agent are:  Name  Name  ve Ste 214  Inddress (P.O. Box NOT acceptable)  FL 34103  City, State, and Zip  I agent and to accept service of process for the pany at the place designated in this certificate,
Having been na above stated limit hereby acceptagaity. I furth	Florida street add  Nicolas Tax & Accountin  5051 Castello Driv  Florida street a  Naples  med as registered atted liability compute the appointment ther agree to complete.	dress of the registered agent are:  Name  Ve Ste 214  Inddress (P.O. Box NOT acceptable)  FL 34103  City, State, and Zip  I agent and to accept service of process for the pany at the place designated in this certificate, as registered agent and agree to act in this ly with the provisions of all statutes relating to
Having been na above stated limi hereby accep capacity. I furth the proper and	Florida street add  Nicolas Tax & Accountin  5051 Castello Driv  Florida street a  Naples  med as registered aited liability compute the appointment ther agree to compile complete perform	dress of the registered agent are:  Name  Name  Ve Ste 214  Induction (P.O. Box NOT acceptable)  FL 34103  City, State, and Zip  I agent and to accept service of process for the party at the place designated in this certificate, as registered agent and agree to act in this ly with the provisions of all statutes relating to hance of my duties, and I am familiar with and
Having been na above stated limi hereby accep capacity. I furth the proper and	Florida street add  Nicolas Tax & Accountin  5051 Castello Driv  Florida street a  Naples  Imed as registered at the appointment ther agree to complete perform ligations of my pool	dress of the registered agent are:  Name  Name  Ve Ste 214  Indicates (P.O. Box NOT acceptable)  FL 34103  City, State, and Zip  I agent and to accept service of process for the pany at the place designated in this certificate, as registered agent and agree to act in this ly with the provisions of all statutes relating to pance of my duties, and I am familiar with and sistion as registered agent as provided for in
Having been na above stated limi hereby accep capacity. I furth the proper and	Florida street add  Nicolas Tax & Accountin  5051 Castello Driv  Florida street a  Naples  Imed as registered at the appointment ther agree to complete perform ligations of my pool	dress of the registered agent are:  Name  Name  Ve Ste 214  Induction (P.O. Box NOT acceptable)  FL 34103  City, State, and Zip  I agent and to accept service of process for the party at the place designated in this certificate, as registered agent and agree to act in this ly with the provisions of all statutes relating to hance of my duties, and I am familiar with and
Having been na above stated limi hereby accep capacity. I furth the proper and	Florida street add  Nicolas Tax & Accountin  5051 Castello Driv  Florida street a  Naples  Imed as registered at the appointment ther agree to complete perform ligations of my pool	dress of the registered agent are:  Name  Name  Ve Ste 214  Indicates (P.O. Box NOT acceptable)  FL 34103  City, State, and Zip  I agent and to accept service of process for the pany at the place designated in this certificate, as registered agent and agree to act in this ly with the provisions of all statutes relating to pance of my duties, and I am familiar with and sistion as registered agent as provided for in

(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>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Jeffrey Dayfoff
	770 Desoto Blvd South
	Naples, FL 34117
	(Use attachment if necessary)
TCLE V: Effective date, if other than the	date of filing:
TODA V. Elicotivo dato, il ottor titali dio	(OPTIONAL)
effective date: 1) cannot be prior to n	or more than 90 days after the date this
	nt of State; AND 2) must be the same as
	ertificate of Conversion, if an effective
is listed therein.)	
<b>REQUIRED SIGNATURE:</b>	
2	P
Signature of a member or an au	thorized representative of a member.
Ų.	thorized representative of a member.
(In accordance with section 608.4	108(3), Florida Statutes, the execution 3
(In accordance with section 608.4 of this document constitutes an af	408(3), Florida Statutes, the execution 5
(In accordance with section 608.4 of this document constitutes an af	108(3), Florida Statutes, the execution 3
(In accordance with section 608.4 of this document constitutes an af that the facts state of the facts of the facts of the facts state of the facts of the fact	108(3), Florida Statutes, the execution firmation under the penalties of perjury ated herein are true.)
(In accordance with section 608.4 of this document constitutes an af that the facts stated in the facts in the facts stated in	408(3), Florida Statutes, the execution 5
(In accordance with section 608.4 of this document constitutes an af that the facts stated in the facts in the facts stated in	108(3), Florida Statutes, the execution firmation under the penalties of perjury ated herein are true.)

\$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