

L1000006232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

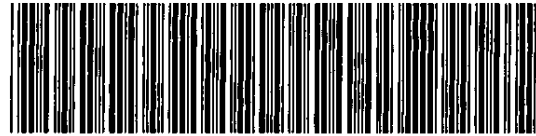
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/04/10--01017--011 **155.00

FILED
10 JUN 18 AM 11:30
RECEIVED
MAY 18 2010
MAY 18 2010

S. HAWKES
JUN 21 2010
EXAMINER

S. HAWKES
MAY 15 2010
EXAMINER

W10-22366



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2010

TODD W APLIN
PO BOX 332
SHALIMAR, FL 32579

SUBJECT: TWA MASONRY LLC
Ref. Number: W10000022366

We have received your document for TWA MASONRY LLC and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

The attached form must be completed in order to file the document.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 410A00011582



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2010

TODD W APLIN
PO BOX 332
SHALIMAR, FL 32579

SUBJECT: TWA MASONRY LLC
Ref. Number: W10000022366

We have received your document for TWA MASONRY 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):

You failed to make the correction(s) requested in our previous letter.

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 210A00013991

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TWA MASONRY 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:

Todd W. APLIN
(Contact Person)
TWA MASONRY, LLC
(Firm/Company)
P.O. Box 332
(Address)
Shalimar, FL 32579
(City, State and Zip Code)

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

PAUL J. ROBERTO, CPA at (850) 862-1040
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

FILED
10 JUN 18 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

TWA MASONRY, INC
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corporation P03-124953
(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 _____
(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:

TWA MASONRY, LLC
(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 listed therein.)

Signed this 1st day of June 2000

Signature of Member or Authorized Representative of Limited Liability Company:

Signature of Member or Authorized Representative: _____

Printed Name: TODD W. APLIN Title: OWNER LLC
MANAGING OFFICER

100%
OWNERSHIP

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Todd Wayne Aplin
Printed Name: Todd Wayne Aplin Title: Owner

Signature: _____
Printed Name: OTHERS Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

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NO JUN 18 AM 11:30
HALL COUNTY FLORIDA

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.

Todd Wayne Aplin
SOLE OWNERSHIP

Fees:

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	<u>\$125.00</u> <u>already paid</u>
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 Limited Liability Company is:

TWA MASONRY 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:52 FOURTH AVENUE
SHALIMAR FL
32579Mailing Address:P.O. BOX 332
SHALIMAR FL 32579

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:

TODD W. APLIN

Name

52 FOURTH AVE 52 FOURTH AVENUEFlorida street address (P.O. Box NOT acceptable)SHALIMAR FL 32579

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.

Todd W. Aplin

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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JUN 18 AM 11:30
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR**Name and Address:**TODD W. APLINP.O. BOX 332SHALIMAR, FL 32579

(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:Todd Wayne Aplin

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.)

Todd Wayne Aplin

Typed or printed 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

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JUN 18 AM 11:30
RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA