11000049607

| (R | equestor's Name) | |
|-------------------------|---------------------|-------------|
| (A | ddress) | |
| (A | ddress) | |
| (C | ity/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (B | usiness Entity Nar | ne) |
| (D | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| Special Instructions to | Filing Officer: | |

Office Use Only



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SECRETARY OF STATE
FALLAHASSEE, FLORID

J. BRYAN

APR 27 2011

EXAMINER

COVER LETTER

| | TO: Registration Section Division of Corporations | |
|----|--|--------------------|
| | SUBJECT: Commercial Residential Construction. (Name of Resulting Florida Limited Company) | LC |
| | The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. | |
| ۱ر | Please return all correspondence concerning this matter to: Jeff Mc Galliard (Contact Person) Commercial Residential Construction, LLC | |
| • | (Firm/Company) 10107 132nd St | |
| | (Address) (City, State and Zip Code) | APR 26 ECRETARY |
| | E-mail address: (to be used for future annual report notifications) | R :3 |
| | For further information concerning this matter, please call: JCF MCGallord at (380) 590-1787 (Name of Contact Person) (Area Code and Daytime Telephone Number) | AUE ALE |
| | Enclosed is a check for the following amount: | |
| Ç | \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certificate of Status \$185.00 Filing Fees and 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 | 4. |

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: Commercial Residental Contracting, Inc. # P03 000152 (Enter Name of Other Business Entity) |
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a <u>COVPDVATION</u> (Enter entity type. Example: corporation, limited partnership, |
| general partnership, common law or business trust, etc.) |
| first organized, formed or incorporated under the laws of 100000000000000000000000000000000000 |
| on |
| 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: \$\lambda(\lambda) \text{A}\$ |
| 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: [OMMERCIA] RESIDENTIAL CONSTRUCTION, LCC |
| (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.) |
| 6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion. |

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

| Signed this 20TH day of April | 20 | |
|---|---|----------|
| Signature of Member or Authorized Repr Individual signing affirms that the facts stat constitutes a third degree felony as provided | ed in this document are true. Any false info | rmation |
| Signature of Member or Authorized Represe Printed Name: JEF McGalliar | ntative: The Truner Tresident | - - |
| Signature(s) on behalf of Other Business Enthis document are true. Any false informatics.817.155, F.S. See below for required signature. | <u>tity:</u> Individual(s) signing affirm(s) that the on constitutes a third degree felony as provi | |
| Signature: Printed Name Tell Mc Gal Lavo | Title: Owner/prosident | <u>-</u> |
| Signature: Printed Name: | Title: | _ |
| Signature:Printed Name: | Title: | _ |
| Signature: Printed Name: | Title: | I SEC |
| Signature:Printed Name: | Title: | APR 26 |
| Signature:Printed Name: | Title: | RH 1:3 |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Direct If Directors or Officers have not been selected. | | |
| If Florida General Partnership or Limited Signature of one General Partner. | Liability Partnership: | |
| If Florida Limited Partnership or Limited Signatures of ALL General Partners. | Liability Limited Partnership: | |
| 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) Page 2 of 2 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA

| ARTICLES OF ORGANIZATION | 77.0 |
|--|---|
| ARTICLE I - Name: | 3 |
| The name of the Limited Liability Compa | any is: |
| | autial Construction. LCC 35, the abbreviation "L.L.C.," or the designation "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of | f the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 10107 132nd St LIW OOK, FL 32060 | same |
| | |
| ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address | istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are: |
| Jeff | "Mc Gallard |
| | Name |
| | 32nd SI Live Oak, 12 32060 |
| Florida street | address (P.O. Box NOT acceptable) |
| LIM DO | 1/C FL 32060 |
| | City, State, and Zip |
| company at the place designated in this capree to act in this capacity. I further agi | end to accept service of process for the above stated limited liability ertificate, I hereby accept the appointment as registered agent and ree to comply with the provisions of all statutes relating to the duties, and I am familiar with and accept the obligations of my |

and position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

ered Agent's Signature (RÉQUIRED)

Page 1 of 2

| "MGRM" = Managing Memb | Jeffrey F. McGalliard 750 32 10107 132nd St 32060 |
|--|--|
| MGR | Jeffrey F. McGalliard 755 1 |
| | - (IV-COR) TO SOUTH |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| effective date: 1) cannot be p lorida Department of State; ficate of Conversion, if an eff | er than the date of filing: (OPTIONAL) rior to nor more than 90 days after the date this document is filed by the same as the effective date listed in the attached ective date listed therein.) |
| <u>UIRED</u> SIGNATURE: | |
| Signature of a gramber | Message of a member |
| DISTROPHED A AL WALLETTING | or an authorized representative of a member. |

Page 2 of 2