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Certified Copies	Certificates	s of Status
Special Instructions to 6	Filing Officer:	
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Office Use Only

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12/28/12--01010--018 **185.00

FECTIVE DATE 1/1/2013

SECRETARY OF STATE ALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 2, 2013

ROBERT K. TRANSUE CUSTOM BURGING & EDGING 2729 EWELL ROAD LAKELAND, FL 33811

SUBJECT: CUSTOM CURBING & EDGING, LLC

Ref. Number: W13000000279

EFFECTIVE DATE

We have received your document for CUSTOM CURBING & EDGING, 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):

Florida law does not provide for a sole proprietorship to be converted into an LLC. So we can't file the conversion. But you can just establish an LLC by filing the Articles of Organization.

Please return just the Articles of Organization if that is what you wish to do.

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) 245-6051.

Buck Kohr Regulatory Specialist II

Letter Number: 413A00000096

COVER LETTER

Division of Corporations			
SUBJECT: Custom Curbing & Ed	Iging LLC		
	f Resulting Florida Limite	d Company)	-
The enclosed Certificate of Conversion, A "Other Business Entity" into a "Florida L			
Please return all correspondence concern	ing this matter to:	EFFECTIVE DATE_/	1/2012
Robert K Transue			
(Contact Person)	· · · · · · · · · · · · · · · · · · ·	5	IN PO
Custom Curbing & Edging LLC	,	,	
(Firm/Company)			H-28
2729 Ewell Rd		•	第 3
(Address)	······································		5. E. S. S.
Lakeland, FL 33811			92 IS
(City, State and Zip Code)		P
ectransue@yahoo.com			
E-mail address: (to be used for future annual repo	rt notifications)		•
For further information concerning this m	natter, please call:		
Robert Transue	at (863) 6	646-8195	
(Name of Contact Person)		Daytime Telephone Number)	· ·
Enclosed is a check for the following amo	ount:	·	
\$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	MAILING Registration	G ADDRESS: on Section	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

EFFECTIVE DATE 1/1/2013

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN

A	RTI	$C\Gamma$	\mathbb{R}^{-1}	r .	Na	me

The name of the Limited Liability Company is:

Custom Curbing & Edging 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

Principal Office Address:	Mailing Address:	
2729 Ewell Rd	2729 Ewell Rd	
Lakeland, FL 33811	Lakeland, FL 33811	

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:

Robert K Tran	sue
	Name
2729 Ewell R	<u>d</u>
Florida street a	ddress (P.O. Box NOT acceptable)
Lakeland	FL 33811
	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

Title:	Name and Address:
"MGR" = Manager	our hon
"MGRM" = Managing Me	inter
MGRM	Robert K Transue
	2729 Ewell Rd
	Lakeland, FL 33811-2049
·	
	•
•	
(Use attachment if necessa	ary)
ARTICLE V: Effective date, if	other than the date of filing: 01/01/2013 (OPTIONAL)
(The effective date: 1) connect b	(OPTIONAL) be prior to nor more than 90 days after the date this document is filed by
· ·	te; AND 2) must be the same as the effective date listed in the attached
Certificate of Conversion, if an	
,	·
REQUIRED SIGNATURE:	
Ω 1	/) _ ^
(r/a/). AY	PD/I
Value	1 Mandre
Signature of a mem	ber or an authorized representative of a member.
	.408(3), Florida Statutes, the execution of this document constitutes an affirmation under
	facts stated herein are true. I am aware that any false information submitted in a State constitutes a third degree felony as provided for in s.817.155, F.S.)
accument to the Department of	Same constitutes a unite degree resony as provided for in said 17.133, 1.13.)

Page 2 of 2

ROBERT K TRANSUE
Typed or printed name of signee