

L14000028661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

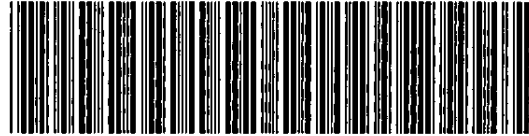
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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01/27/14--01039--022 \*\*150.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 19 2013

T. HAMPTON

2859-410

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KEY WEST CONSTRUCTION EQUIPMENT, 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. 605.1045, F.S.

Please return all correspondence concerning this matter to:

David Paul Horan

(Contact Person)

Horan, Wallace & Higgins, LLP

(Firm/Company)

608 Whitehead Street

(Address)

Key West, Florida 33040

(City, State and Zip Code)

dph@horan-wallace.com

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

For further information concerning this matter, please call:

David Paul Horan

(Name of Contact Person)

at ( 305 ) 294-4585

(Area Code) (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

# Horan, Wallace & Higgins LLP

608 WHITEHEAD STREET  
KEY WEST, FLORIDA 33040

\*DAVID PAUL HORAN, P.A.  
R. BRUCE WALLACE, P.A.  
\*\*CARA A. HIGGINS, P.A.  
DARREN M. HORAN

February 12, 2014

(305) 294-4585  
(305) 294-3488  
FAX (305) 294-7822  
FAX (305) 294-4593

\*ALSO MEMBER COLORADO BAR  
\*\*ALSO MEMBER NEW JERSEY BAR

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

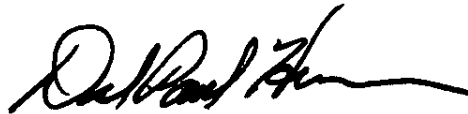
Re: KEY WEST CONSTRUCTION EQUIPMENT, LLC

To Whom It May Concern:

Enclosed please find your letter of January 31<sup>ST</sup>, 2014 and the February 12<sup>TH</sup>, 2014 confirmation of payment from [donotreply@sunbiz.org](mailto:donotreply@sunbiz.org).

Please complete the conversion process for the above LLC.

Sincerely yours,



DAVID PAUL HORAN  
For the Firm

DPH:krh

Enclosures as stated.

**Karen R. Horan**

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**From:** donotreply@sunbiz.org  
**Sent:** Wednesday, February 12, 2014 12:07 PM  
**To:** David P. Horan  
**Subject:** Sunbiz.org Payment Receipt

Thank you for submitting your payment to **Florida Department of State, Division of Corporations**. This email will serve as confirmation that your payment was received by our office.  
Your filing will be posted on our website <http://www.sunbiz.org/> within 1-3 business days.

The transaction information is listed below:

**Receipt Number:** 3606116918  
**Transaction Date/Time:** 2/12/2014 11:06:55 AM  
**Card Number:** XXXX XXXX XXXX 3017  
**Card Type:** American Express  
**Approval Code:** 225209  
**Payment Amount:** \$150.00  
**Document Number:** 265043



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 31, 2014

DAVID PAUL HORAN  
HORAN WALLACE & HIGGINS LLP  
608 WHITEHEAD ST  
KEY WEST, FL 33040

SUBJECT: KEY WEST CONSTRUCTION EQUIPMENT, LLC  
Ref. Number: W14000006582

We have received your document for KEY WEST CONSTRUCTION EQUIPMENT, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filings its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 714A00002225

**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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:  
KEY WEST CONSTRUCTION EQUIPMENT, INC. 265043

(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, formed or incorporated under the laws of Florida  
on 12/05/1962 (Enter state, or if a non-U.S. entity, the name of the country)  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
KEY WEST CONSTRUCTION EQUIPMENT, LLC  
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: \_\_\_\_\_  
(The effective date: 1) cannot be prior to date of receipt or filed date 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.)

5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

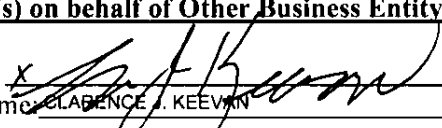
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 15<sup>th</sup> day of JANUARY 20 14.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: X   
Printed Name: CLARENCE J. KEEVAN Title: MGR

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

Signature: X   
Printed Name: CLARENCE J. KEEVAN Title: PD

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 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.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

KEY WEST CONSTRUCTION EQUIPMENT, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

6436 - 2nd STREET

STOCK ISLAND

KEY WEST, FLORIDA 33040

#### Mailing Address:

SAME

### 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:

DAVID PAUL HORAN

Name

608 WHITEHEAD STREET

Florida street address (P.O. Box **NOT** acceptable)

KEY WEST

City

FL 33040

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 605, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA



**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

**Name and Address:**

CLARENCE J. KEEVAN

6436 - 2ND STREET

KEY WEST, FL 33040


JACQUELINE G KEEVAN  
STATE ROAD 939-A  
SUGARLOAF KEY, FL 33040

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

CLARENCE J. KEEVAN

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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TALLAHASSEE, FLORIDA

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