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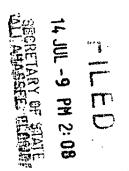
(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
Special instructions to	rilling Officer.	
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EVIM 7/9/14

COVER LETTER

;Division of C	orporations				
SURJECT: East Co	ast Aggregates, LLC				
30D3EC1		of Resulting Florida	Limited	l Company)	
				d fees are submitted to conscordance with s. 605.1045	
Please return all corre	espondence concerning	g this matter to:			
Ashley Williams					
	(Contact Person)				
	(Firm/Company)				
336 Amelia Court					
	(Address)				
St. Augustine, FL 3	2080				
((City, State and Zip Code)				
ashwilliams2757@g	gmail.com				
E-mail Address: (to be	e used for future annual rep	port notifications)			
For further information	on concerning this mat	ter, please call:			
Ashley Williams		_at (904	347-	6466	
(Name of Conta	ct Person)	(Area Code)	(Dayt	time Telephone Number)	
Enclosed is a check for	or the following amou	nt:			
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing I and Certified Copy		\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS	S:	MAILI	NG A	DDRESS:	
Registration Section		Registra			
Division of Corporati	ons	Divisior	a of Co	orporations	

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Registration Section

TO:

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles 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 the Articles of Conversion is: East Coast Aggregates, LLC MO90002810
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Alabama
(Enter state, or if a non-U.S. entity, the name of the country) on May 15, 2009.
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
East Coast Aggregates, 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; <u>AND</u> 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.

Page 1 of 2

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SECRETARY OF STATE
ALL AHABSEE FEBRUAR

Signed this 8th	_day of July	20 <u>14</u>			
Signature of Authori	ized Representative of Limi	ited Liability Company:			
		1			
Signature of Authorize Printed Name: Kimber	ed Representative: Kymt rly Williams	Title: Authorized Member	~		
		[See below for required signature(s).]			
Ginner Kinghy	1 1 100,000 S				
Printed Name: Kimber	rly Williams	Title: Managing Member	•		
Timed Panio.			-		
Signature:			_		
Printed Name:		Title:	-		
Signature: Printed Name:		Title:	-		
Timed Hame.			•		
Signature:		Title:	_		
Printed Name:		Title:	-		
O'com a to one o					
Signature:		Title:	<u>.</u>		
i initod i tuino.			-		
Signature:			-		
Printed Name:		Title:	-		
ICEL III. Comondo					
<u>If Florida Corporatio</u> Signature of Chairman	n: , Vice Chairman, Director, or	Officer			
	s have not been selected, an In				
	rtnership or Limited Liabili	ty Partnership:			
Signature of one Gener	ral Partner.				
If Florida I imited Pa	rtnership or Limited Liabili	ty Limited Partnership:			
Signatures of ALL Ger		ty Dimites I artifersing.			
-					
All others: Signature of an authori	zed person.				
Fees:					
<u> </u>				14	
Articles of Cor	nversion:	\$25.00		ک	·
	da Articles of Organization:	\$125.00	茶口	<u>-</u>	California S-
Certified Copy		\$30.00 (Optional)	R R Y	9	<u> </u>
Certificate of S	Status:	\$5.00 (Optional)	10 C	PH	
				<u>~</u>	
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		1 age 2 01 2	299	I.e.	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
East Coast Aggregates, LLC			
(Must end with the words "Limited Liability	y Company, '	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal offi	ce of the Limite	d Liability Company is:
Principal Office Address:	Mailing	Address:	
358 Merryfield Lane	·Post Off	ice Box 69	,
East Palatka, FL 32131	East Pa	latka, FL 3213	1
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registered address.	red Agent. Y	ou must designate an	ent's Signature: individual or another
The name and the Florida street address of the re	gistered a	gent are.	
Ashley Williams			
Name			
336 Amelia Ct.			
Florida street address (P.O.	Box NO	acceptable)	
St. Augustine	FL	32080	
City		Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p accept the obligations of my position as regi	this certifi ty. I furthe erformanc	cate, I hereby ac er agree to compl e of my duties, ar	cept the appointment as ly with the provisions of all nd I am familiar with and
Ashley Ke Will Registered Agent's Signa		/ QUIRED)	14 JUL -9 PH
(CONTINU	J ED)		記 の D
Page 1 of	2		

Company.		
<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	Michel Moukhtara	
AMBR	517 Federal Point	
	East Palatka, FL 32131	
	Last Farana, FE SE 101	
AMBR	Carl Salafrio	
	5547 A1A South	
	St. Augustine, FL 32080	
AMBR	Marc Von Hahmann	
MAIDIT	363 Merryfield Lane	
	East Palatka, FL 32131	<u>.</u>
		<u> </u>
AMBR	Kimberly Williams	
	336 Amelia Court	
	St. Augustine, FL 32080	
n effective date is listed, the date m 90 days after the date of filing.)	n the date of filing: nust be specific and cannot be more tha	
TCLE V: Effective date, if other than a effective date is listed, the date m		
TICLE V: Effective date, if other than effective date is listed, the date me 90 days after the date of filing.) TICLE VI: Other provisions, if any.		
TICLE V: Effective date, if other than effective date is listed, the date me 90 days after the date of filing.) TICLE VI: Other provisions, if any effective date of filing.	nust be specific and cannot be more tha	
TICLE V: Effective date, if other than effective date is listed, the date me 90 days after the date of filing.) TICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	NUST be specific and cannot be more that	n five business days p
TICLE V: Effective date, if other than a effective date is listed, the date me 90 days after the date of filing.) TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer	Walliams mber or an authorized representative of	of a member.
ICLE V: Effective date, if other than effective date is listed, the date me 90 days after the date of filing.) ICLE VI: Other provisions, if any REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605.020)	MUSCOMS mber or an authorized representative (03 (1) (b), Florida Statutes, the execution	of a member.
ICLE V: Effective date, if other than effective date is listed, the date me 90 days after the date of filing.) ICLE VI: Other provisions, if any REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605.020 constitutes an affirmation under the	mber or an authorized representative of 3 (1) (b), Florida Statutes, the execution penalties of perjury that the facts stated 1	of a member. of this document herein are true.
ICLE V: Effective date, if other than effective date is listed, the date me 90 days after the date of filing.) ICLE VI: Other provisions, if any REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605.020 constitutes an affirmation under the	mber or an authorized representative of penalties of perjury that the facts stated for submitted in a document to the Department	of a member. of this document herein are true.
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false informatio constitutes a third degree felony as p	mber or an authorized representative of penalties of perjury that the facts stated in submitted in a document to the Department or ovided for in s.817.155, F.S.)	of a member. of this document herein are true.
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The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY Attachment A

ARTICLE IV (Continued) -

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

Title: AMBR Name and Address:

AWA Management Corporation

Post Office Box 1352 East Palatka, FL 32131

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