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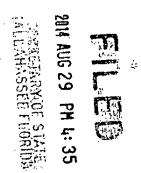
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	··
(Cit	ty/State/Zip/Phone	, #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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MIG 29 2014 D. BRUCE



June 27, 2014

JOHN GARRETT 7958 PINES BLVD SUITE 314 PEMBROKE PINES, FL 33024

SUBJECT: BROWARD COUNTY CONCRETE LLC

Ref. Number: W14000040131

We have received your document for BROWARD COUNTY CONCRETE 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):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of 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.

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

Letter Number: 814A00014028

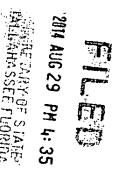
AUG AUG CAPACITATION OF STANDARD COMMENTS O

COVER LETTER

TO: Registration				
Division of	Corporations		[111
SUBJECT:	15 counted (ounty Convete I	nc. (Lunge to	LL.C.
	(Name	of Resulting Florida Limite	d Company)	,
		_	d fees are submitted to occordance with s. 605.10	
Please return all cor	respondence concerning	g this matter to:		
John	(Contact Person) And lawfy lancith (Firm/Company)			
4	(Contact Person)			
Brow	-Aid lasty loncitt	e Inc.		
7938 \$	lines Blvd.	soile 314		
	(Address)			
Persoke	Pints H. 3702 (City, State and Zip Code)	4		
BIOWARD C	(once to the control of the control	Com		
E-mail Address: (to	be used for future annual re	port notifications)		
For further informat	ion concerning this ma	tter, please call:		
John Garr	TH TIL tact Person)	_at (_754)4	27 - OG7# rtime Telephone Number)	-
(Name of Con-	iact reison)	(Mea Code) (Day	time receptione (vumber)	
Enclosed is a check	for the following amou	int:		
\$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 ADDRES		MAILING A		211

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



Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Lorporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Broward lounty concrete 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 hor 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.

Page 1 of 2

2014 AUG 29 PM 4: 35

Signed this 23 day of June	_20_ <i>/4</i>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	With the same of t
Printed Name: Sohn Gattett	Title: owner
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).]
Signature:	
Printed Name: 1 John harret	Title: Chairma
Signature:	
Printed Name: John Galath	Title: Vill Chairman
KILLA	
Signature: Printed Name: Sonn (201/8H)	_ Title:
Frinted Name:	
Signature:	
Printed Name: John (700th	Title: 1st officer
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
If Florida Corporation:	0.07
Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	
if threetors of Officers have not been selected, an inc	corporator must sign.
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
All othores	
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)

Page 2 of 2

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
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: Mailing Address:	
7958 Pines Klud. Suite 314 PemBoke pines, FL. 33024 PemBoke pines, FL. 33024 PemBoke pines, FL. 33024	
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:	
Sohn Garrett TTI	
Name	
Sohn Garrett TII Name 6891 Simas St.	
Florida street address (P.O. Box NOT acceptable)	
Hollywood FI 37024	
Hollywood FL 33024 City Zip	
Having been named as registered agent and to accept service of process for the above stated limit 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S	r fal
Registered Agent's Signature (REQUIRED)	
(CONTINUED) Page 1 of 2	Y
Page 1 of 2	

Title:	Name and Address:
"AMBR" = Authorized Member	Manie and Addiess:
"MGR" 7 Lanager	71 /
AMBR	Jehn Jaurett III
- /	458 TIVES BIVA Guite MY
	Kembroke Pines, F.C. 33027
Ma	
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A.I.	
	4 1/4
110	10//
MA	,
	1 / la
ffective date is listed, the date m	n the date of filing: AMP . (OPTIONAL nust be specific and cannot be more than five business dates
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CLE V: Effective date, if other than effective date is listed, the date medians after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mean accordance with section 605,020	mber of an authorized representative of a member. 03 (1) (b), Florida Statutes, the execution of this document
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ARTICLE IV-