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Office Use Only



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11/07/14--01002--015 **150.00

11/24/14--01002--004 **35.00

14 NOV -7 Art II: 21

14 NOV -7 AM 9: 35 SECRETARY OF STATE

NOV 2 4 2014

T. HAMPTON



November 21, 2014

Secretary of State, Florida 2661 Executive Circle Center Tallahassee FL 32301

Re:

Order #: 9335833 SO

Customer Reference 1: walbri

Customer Reference 2: gen

Dear Secretary of State, Florida:

Please obtain the following:

WALBRIDGE CONTRACTING, INC. (FL)

Conversion Florida

WALBRIDGE CONTRACTING LLC (FL)

Formation Florida

WALBRIDGE CONTRACTING LLC (FL)

Certificate of Status-Domestic

Florida

WALBRIDGE CONTRACTING LLC (FL)

Obtain Document - Misc - Certified Copy - Conversion

Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 10, 2014

CT CORPORATION SYSTEM CONNIE BRYAN

SUBJECT: WALBRIDGE CONTRACTING LLC

Ref. Number: W14000067901

We have received your document for WALBRIDGE CONTRACTING 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):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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: 514A00023950

www.sunbiz.org

COVER LETTER

| TO: | Registration Section |
|-----|-------------------------|
| | Division of Corporation |

SURTECT, Walbridge Contracting LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles 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:

Southfield, MI 48034

(City, State and Zip Code)

dbaughman@jaffelaw.com

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

For further information concerning this matter, please call:

Deborah L. Baughman

__ ,248

351-3000

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

Status

\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles

of Organization)

\$155.00 Filing Fees and Certificate of

□\$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

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 Busin Walbridge Contracting, Inc. | | LL | SSIOL | | -· -· | |
|---|---|--------------------------------------|-----------------------|------------------------|------------------------|----|
| Q | Enter Name of Other Business | Entity) | | | • | |
| 2. The "Other Business Entity" i | is a Corporation | • | • | | | |
| · | (Enter entity type. Example general partnership, con | | | | - , | |
| First organized, formed or incorp | orated under the laws of | Florida | | | | |
| on January 4, 1990 | (En | ter state, or if | a non-U.S. | cutity, the | e name of the country) | |
| (date of organization, formation or | incorporation) | | | | | |
| 3. The name of the Florida Limi | ted Liability Company as | set forth in | the attac | hed Arti | icles of Organizatio | n: |
| Walbridge Contracting LLC | | | | | | |
| (Enter Na | me of Florida Limited Liability | Company) | | | - ' | |
| 4. If not effective on the date of | filing, enter the effective (| date: Janua | ıry 1, 20° | 15 | _• | |
| (The effective date: 1) cannot l date this document is filed by t date listed in the attached Artic | be prior to date of receip he Florida Department o | ot or filed d of State; <u>Al</u> | ate nor n VD 2) mu | nore tha ist be the | e same as the effect | |
| 5. The plan of conversion has be | | - with an Cl | NS 1041 4 | | • | |

Page 1 of 2

FILED 14 NOV -7 AM 9: 35 SECRETARY OF STATE SECRETARY OF STATE

| Signed this day of October | |
|---|--|
| Signature of Authorized Representative of Limit | Liability Company: |
| Signature of Authorized Representative: Printed Name: Susan McMaster | _ Title: _Authorized_Representative |
| Signature(s) on behalf of Other Business Entity: [| • |
| Signature: | · · · · · · · · · · · · · · · · · · · |
| Printed Name: Thomas D. Dyze | Title: Secretary |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Simo adminis | |
| Signature:Printed Name: | Title: |
| | |
| Signature: Printed Name: | |
| | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or | Officer |
| If Directors or Officers have not been selected, an Inc | |
| Term of a community of the second visiting | to Double on him. |
| If Florida General Partnership or Limited Liabilit Signature of one General Partner. | y rarthersmp: |
| _ | |
| If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners. | y Limited Partnership: |
| All others: Signature of an authorized person. | |
| Fees: | |
| Articles 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 F | LORIDA LIMITED LIABILITY COMPANY |
|---|---|
| ARTICLE I - Name: The name of the Limited Liability Company is: | |
| Walbridge Contracting LLC (Must end with the words 'Limited Liability | Tr Company HT I C 2 or HY I C 70 |
| (Musi and with the words Exhibited Examine | y company, L.E.C., or LEC.) |
| ARTICLE II - Address: | |
| The mailing address and street address of the pri | ncipal office of the Limited Liability Company is: |
| Paris at al OSS à Addresse | Mailina Adduses |
| Principal Office Address: | Mailing Address: |
| 9942 CURRIE DAVIS DRIVE | 777 WOODWARD AVENUE |
| SUITE H | SUITE 300 |
| TAMPA, FL 33619 | DETROIT, MI 48226 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re- | ared Agent. You must designate an individual or another |
| | 6 |
| CT CORPORATION SYS | TEM |
| Name | |
| 1200 S. PINE ISLAND RO Florida street address (P.O. | |
| (* .0. | |

PLANTATION

City

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..

> Connie Bryan Registered Agent's Signature (REQUIRED) 101 COTOLOTO

> > (CONTINUED)

Page 1 of 2

| The name and address of each person Company: | authorized to manage and control the Limit | ted Liability | 7 | |
|--|--|-----------------------|---------------|-----|
| <u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager | Name and Address: | | | |
| AMBR | Walbridge Construction Holdings L 777 Woodward Ave. Suite 300 Detroit, Michigan 48226 | LC_ | | |
| | | | | |
| | | · | | |
| , | | . | | |
| | | | | |
| (Use attachment if necessary) | | | | |
| ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must I to or 90 days after the date of filing.) | | | | ior |
| ARTICLE VI: Other provisions, if any. | | | _ | |
| REQUIRED SIGNATURE: | | | - | |
| | | | | |
| (In accordance with section 605.0203 (1 constitutes an affirmation under the pena | or an authorized representative of a me) (b), Florida Statutes, the execution of this lities of perjury that the facts stated herein a bmitted in a document to the Department of ded for in s.817.155, F.S.) | document are true, | | |
| Thomas D. Dyze, Se | ecretary | FC | 14 NOV -7 | |
| | oed or printed name of signee | RETARY | V -7 | - |
| Filing Fees: \$125.00 Filing Fee for Articles of | f Organization and Designation | E Q | R | m |
| of Registered Agent \$ 30.00 Certified Copy (Options | | STATE FLORID | <u>ب</u> 3 | O |
| \$ 5.00 Certificate of Status (Op | otional) Page 2 of 2 | AGI) | <u>S</u> | |