

L14000183252

P02-122271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

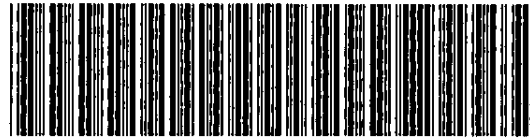
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000265112790

11/10/14--01054--006 **150.00

FILED
14 NOV 17 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 01 2014

657



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2014

DAVID BOWDEN
8305 BOB O LINE DR
WEST PALM BEACH, FL 33412

SUBJECT: ANCHOR GENERAL CONTRACTORS LLC
Ref. Number: W14000069422

We have received your document for ANCHOR GENERAL CONTRACTORS 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: 214A00024427

David Bowden

8305 Bob o Link Dr

West Palm Beach Fl 33412

We are requesting to change the entity of Anchor General Contractors Inc. to an LLC

We have included the necessary paperwork

Please contact me with any questions

Thank you,

David Bowden

561.386.1266

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anchor General Contractors 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:

David Bawden
(Contact Person)

Anchor General Contractors INC.
(Firm/Company)

8305 Bob o Link Dr
(Address)

West Palm Beach FL 33412
(City, State and Zip Code)

FRAMINS @ AOL.COM
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

DAVID Bawden at (561) 386-1266
(Name of Contact Person) (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

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:
Anchor General Contractors INC.
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Incorporated
(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
(Enter state, or if a non-U.S. entity, the name of the country)
on 11/15/2002
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
Anchor General Contractors LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date 12/31/2014
(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 all applicable statutes.

FILED
14 NOV 17 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":

a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address: 8305 Bob O Link Dr
WPB FL 33412

Mailing Address: _____

7. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 31 day of December, 2014

Signature: David Bowen
Must be signed by a Member or Authorized Representative

Printed Name: David Bowen Title: VP

Fees: Filing Fee: \$25.00
Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)

FILED
14 NOV 17 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Anchor General Contractors 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:

Mailing Address:

8305 Bob O Link Dr

WPR FL 33412

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 BOWEN

Name

8305 Bob O Link Dr

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

WPR FL 33412

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..

David Bowen

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
14 NOV 17 PM 12:12
SECRETARY OF STATE
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

Name and Address:

David Bowen

8305 Bob O Link Dr

WPB FL 33412

Jose Gomez

Po Box 1274

Jupiter FL 33468

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing

December 31, 2014

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:

David Bowen

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.)

David Bowen

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)

14 NOV 17 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED