# L15000009647

|                      | 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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DIVISION OF CORPORATIONS
15 IAN -5 AM IO: 07

C. 130/15

#### **COVER LETTER**

| SUBJECT: Jo   | hoson Con   | of Resulting Florida Limite                 | d Company)  | 21       |
|---|---|---|---|----------|
| 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 corre   | espondence concerning                                 | g this matter to:                           |   |          |
| Todd  | E. John   | 5017  |   |          |
| Johnson   | (Contact Person)                                      | n Group L                                   | -LC   |          |
| 817 Arbor Hill Citale   |   |   |   |          |
| Minneolo  | FL 3  | 4715  |   |          |
| todde joh   | 1150 Coh 5 Fru<br>e used for future annual re         | port notifications)                         | o.net   |          |
|   | on concerning this ma                                 |   |   |          |
| Todal E.  | Johnson   | _at ( <u>32)</u> <u>2</u>                   | 99-721  | <u>8</u> |
| (Name of Contact Person) (Area Code) (Daytime Telephone Number)  Enclosed is a check for the following amount:  |   |   |   |          |
| \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization)  | □\$155.00 Filing Fees<br>and Certificate of<br>Status | □\$180.00 Filing Fees<br>and Certified Copy | S185.00 Filing Fe<br>Certified Copy, and<br>Certificate of Status |          |
| STREET ADDRESS  | S:  | MAILING A                                   | ADDRESS:  |          |
| Registration Section  |   | Registration !                              |   |          |
| Division of Corporations  Division of Corporations  |   |   |   |          |
| Clifton Building  | C'1-  | P. O. Box 633                               |   |          |
| 2661 Executive Center Tallahassee, FL 3230  |   | Tallahassee, 1                              | FL 32314  |          |
| 1 alialia5500, FL 3230  | JI  |   |   |          |

TO: Registration Section
Division of Corporations

#### Articles of Conversion

For

### "Other Business Entity" Into

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

15 JAN -5 AH 10: 07

#### 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 Limited Liability Composition, limited partnership, general partnership, common law or business trust, etc.)  M12000001339   |
| First organized, formed or incorporated under the laws of North Carolina   |
| on 11/15/2011 (Enter state, or if a non-U.S. entity, the name of the country)  (date of organization, formation or incorporation)  (Enter state, or if a non-U.S. entity, the name of the country)  Originally Sharked in FL 3/28/05  105000030445. Went inactive 2010.  Lurrently registered S Foreign M1200000  Lurrently registered S Foreign M1200000  1339                        |
| Johnson Construction Group 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 all applicable statutes.  |

Page 1 of 2

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

| 1 -   | DITION   |
|---|--|
| Signed this day of  | 20 <u>15</u> . 15 JAN -5 AM 10: 07                             |
| Signature of Authorized Representative of Limite  | ed Liability Company:  |
| Signature of Authorized Representative:  Printed Name: Told E. Johnson                                    | Title: Nanaging Member   |
| Signature(s) on behalf of Other Business Entity:  S   | See below for required signature(s).]                          |
| Signature:  | Make hat   |
| Printed Name: Told E. Johnson   | Title: 146/10g/hg 11/Ember                                     |
| Signature Signature   |  |
| Printed Name: Fluiscol 5 To Salice  | Title: 100 1 2 Minbur  |
| Signature: Printed Name: Fluincel Signature:  |  |
| Signature:Printed Name:   | Title:   |
|   |  |
| Signature: Printed Name:  |  |
| Printed Name:   | Title:   |
| Signature:  |  |
| Printed Name:   | Title:   |
| Clausenne   |  |
| Signature:Printed Name:   | Title:   |
| , mod ramo.   | 1100.  |
| If Florida Corporation:   |  |
| Signature of Chairman, Vice Chairman, Director, or C  |  |
| If Directors or Officers have not been selected, an Inc   | corporator must sign.  |
| If Florida General Partnership or Limited Liabilit<br>Signature of one General Partner.                   | ty Partnership:  |
| If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.             | ty 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<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## The name of the Limited Liability Company is:

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

#### **ARTICLE II - Address:**

**ARTICLE I - Name:** 

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

| Principal Office Address: | Mailing Address:                            |
|---------------------------|---|
| Minneola, FL34715         | 817 Arbor Hill Circle<br>Minneola, FL 34715 |

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:

| Todd E. Johnson                                  | DIVIS<br>15   |
|--|---|
| Name   | LANGE SERVICE |
| 817 Arbor Hill Circle                            | 2 - 5 OF OF   |
| Florida street address (P.O. Box NOT acceptable) | DR P  |
| Minneola FL 34715                                | <b></b> 6.87  |
| City Zip   | 07  |

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)

Page 1 of 2

#### ARTICLE IV-

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

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address:  |
|--|--|
| "MGR" = Manager  MG-R                    | Minnesta, FL 34715   |
| MGR                                      | Edward & Johnson<br>455 Fairway Ct.<br>Newnan, GA 30265                                    |
|  |  |
| (Use attachment if necessary)            |  |
|  | e date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior |
| 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.)

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)