L150000 90119

	;> ₹ 7	_30678
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	_

Office Use Only



900262455319

07/23/14--01015--003 **150.00



MAY 22 2015

J SHIVERS



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 21, 2015

PATRICK MONAGHAN 26 WISTERIA DR ORMOND BEACH, FL 32176

SUBJECT: MONAGHAN'S DEMOLITION LLC

Ref. Number: W15000027897

We have received your document for MONAGHAN'S DEMOLITION 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for 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.

Letter Number: 115A00007996

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

Division of Corporations
SUBJECT: Monaghan's Demolition 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:
Patrick Monaghan (Contact Person)
Monaghans Demolition (Firm/Company)
26 Wisteria Dr (Address)
Ormand Beach FL 32176 (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Patrick Monaghan at (386) 441-4865 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: $(FEES ON FILE)$
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certified Copy \$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32301

TO: Registration Section

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.

(Enter N	Entity" immediately prior to the filing of the Artic Name of Other Business Entity)	
2. The "Other Business Entity" is a	Corporation	
(Er	nter entity type. Example: corporation, limited partnership general partnership, common law or business trust, etc.)	·•,
First organized, formed or incorporate	d under the laws of <u>Florida</u>	
on March 7 2007 (date of organization, formation or incorp	(Enter state, or if a non-U.S. entity, the poration)	e name of the country)
	iability Company as set forth in the attached Art	icles of Organization:
(Enter Name of F	Eurolition LLC Florida Limited Liability Company)	- *
4. If not effective on the date of filing	, enter the effective date:	_•
(The effective date: 1) cannot be pri date this document is filed by the Flo	ior to date of receipt or filed date nor more tha orida Department of State; <u>AND</u> 2) must be th f Organization, if an effective date is listed the	in 90 days after the e same as the effective
5. The plan of conversion has been app	proved in accordance with all applicable statutes.	15 MAY 21
	Page 1 of 2	AH 8

Signed this 137 day of April		
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Parinted Name: Patrick Monaghan	Title: Sole Member	_
Signature(s) on behalf of Other Business Entity: [
Signature: Paturk Monaghem Printed Name: Patrick Monagham		_
Printed Name: Patrick Monligham	Title: President Chairma	<u>~</u> (
Signature:		_
Signature:Printed Name:	_ Title:	- -
Signature:		
Signature:Printed Name:	Title:	- -
Signature:		
Signature:Printed Name:	Title:	- -
Signature:		
Signature:Printed Name:	Title:	- -
Signature:		
Signature:Printed Name:	Title:	- -
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or	Officer.	
If Directors or 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 <u>ALL</u> General Partners.	ty Limited Partnership:	Fig. 3
All others:		
Signature of an authorized person.		3 N
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)	8: 28 ORIBA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	S:
Monaghan's Demolities (Must ena with the words "Limited Liah	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
26 Wisteria Dr Ormond Beach, FL 32176	26 Wisteria Dr Ormand Beach, FL
32116	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the Patrick Management	registered agent are:
26 Wisteria	Dr
Florida street address (P.O.	O. Box NOT acceptable)
Ormand Beach	FL <u>32176</u> Zip
City	Zip
liability company at the place designated in registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all performance of my duties, and I am familia with and egistered agent as provided for in Chapter \$05, F.S. Moccasha gnature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager A mbr (Sole Meanber)	2+01 4/
AMBR Dole Member)	Patrick Monaghan 26 wisteria Du Ormand Beach, FL 32176
	Down Rough El 32/11
	The state of the s
	
(Use attachment if necessary)	
the state of the s	
ICLE V: Effective date, if other than the d	date of filing: (OPTIONAL) e specific and cannot be more than five business days
ICLE V: Effective date, if other than the date effective date is listed, the date must be 90 days after the date of filing.)	
ICLE V: Effective date, if other than the date feetive date is listed, the date must be 90 days after the date of filing.)	
ICLE V: Effective date, if other than the defective date is listed, the date must be 90 days after the date of filing.)	
ICLE V: Effective date, if other than the defective date is listed, the date must be 90 days after the date of filing.) ICLE VI: Other provisions, if any.	
ICLE V: Effective date, if other than the date effective date is listed, the date must be 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	e specific and cannot be more than five business days
ICLE V: Effective date, if other than the date of effective date is listed, the date must be 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	e specific and cannot be more than five business days
ICLE V: Effective date, if other than the discretive date is listed, the date must be 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Patient Signature of a member of	Monagham or an authorized representative of a member.
ICLE V: Effective date, if other than the date of effective date is listed, the date must be go days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the date of	or an authorized representative of a member. (b), Florida Statutes, the execution of this document
ICLE V: Effective date, if other than the date of effective date is listed, the date must be go days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the date of	or an authorized representative of a member. (b). Florida Statutes, the execution of this document ties of perjury that the facts stated herein are true.
ICLE V: Effective date, if other than the discretive date is listed, the date must be 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the date of a member of the date of the da	or an authorized representative of a member. (b). Florida Statutes, the execution of this document ties of perjury that the facts stated herein are true mitted in a document to the Department of State.
REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member. (b). Florida Statutes, the execution of this document ties of perjury that the facts stated herein are true mitted in a document to the Department of State led for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member. (b). Florida Statutes, the execution of this document ties of perjury that the facts stated herein are true mitted in a document to the Department of State led for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a member of constitutes an affirmation under the penalt am aware that any false information subronstitutes a third degree felony as provide	or an authorized representative of a member. (b). Florida Statutes, the execution of this document ties of perjury that the facts stated herein are true mitted in a document to the Department of State led for in s.817.155, F.S.)
ICLE V: Effective date, if other than the date effective date is listed, the date must be 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a may aware that any false information subtractionstitutes a third degree felony as provided the provided of the provided may be a subtraction of the provided may be a subtracted of the provided may be a subtracted may	or an authorized representative of a member. (b). Florida Statutes, the execution of this document ties of perjury that the facts stated herein are true mitted in a document to the Department of State led for in s.817.155, F.S.)
ICLE V: Effective date, if other than the date effective date is listed, the date must be 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the effective and affirmation under the penalty arm aware that any false information substantiations at third degree felony as provided the effective and the effect	or an authorized representative of a member. (b), Florida Statutes, the execution of this document ties of perjury that the facts stated herein arc trust mitted in a document to the Department of States led for in s.817.155, F.S.)
ICLE V: Effective date, if other than the defective date is listed, the date must be 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the date of filing of the penalty of the pe	or an authorized representative of a member. (b), Florida Statutes, the execution of this document ties of perjury that the facts stated herein arc trust mitted in a document to the Department of States led for in s.817.155, F.S.)
ICLE V: Effective date, if other than the date effective date is listed, the date must be 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a	or an authorized representative of a member. (b). Florida Statutes, the execution of this document ties of perjury that the facts stated herein are true mitted in a document to the Department of State led for in s.817.155, F.S.)
ICLE V: Effective date, if other than the date effective date is listed, the date must be 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the penalty of the pena	or an authorized representative of a member. (b). Florida Statutes, the execution of this document ties of perjury that the facts stated herein are true mitted in a document to the Department of States led for in s.817.155, F.S.) Monachan ed or printed name of signee Organization and Designation

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

ARTICLE IV-.