

L15000124679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

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~~2015~~

JUL 24 2015  
T SCHROEDER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 24, 2015

CT

SUBJECT: CMI SERVICES, LLC  
Ref. Number: W15000049811

We have received your document for CMI SERVICES, LLC and your check(s) totaling \$190.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6052.

Terri J Schroeder  
Regulatory Specialist II

Letter Number: 115A00015553

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 7/23



**Wolters Kluwer**  
Corporate Legal Services

**CT Corporation**

515 East Park Avenue  
Tallahassee, FL 32301

850 558 1930 tel  
855 637 1628 fax  
[www.ctcorporation.com](http://www.ctcorporation.com)

July 23, 2015

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

Re:      Order #: 9634835 SO  
         Customer Reference 1:    None Given  
         Customer Reference 2:    None Given

Dear Secretary of State, Florida :

Please obtain the following:

CMI Services, Inc. (FL)  
Conversion  
Florida

CMI Services, LLC (FL)  
Formation  
Florida

CMI Services, LLC (FL)  
Obtain Document - Misc - Certified Copy of Articles of  
Formation (as evidence)  
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,

Connie R Bryan  
Senior Fulfillment Specialist  
[Connie.Bryan@wolterskluwer.com](mailto:Connie.Bryan@wolterskluwer.com)

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CMI Services, 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:

Natasha Wright

(Contact Person)

Dycom Industries, Inc.

(Firm/Company)

11780 U.S. Highway 1, Suite 600

(Address)

Palm Beach Gardens, FL 33408

(City, State and Zip Code)

nwright@dycominc.com

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

For further information concerning this matter, please call:

Natasha Wright

at ( 561 ) 799-2272

(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:  
CMI Services, Inc.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a corporation.  
(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  
on February 19, 1996 (Enter state, or if a non-U.S. entity, the name of the country)  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

CMI Services, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: July 25, 2015 at 11:57pm (ET)  
(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.)

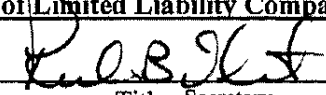
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. The plan of conversion has been approved in accordance with all applicable statutes.

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Signed this 20th day of July 2015.

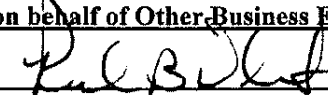
**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: 

Printed Name: Richard Vilsoet

Title: Secretary

**Signature(s) on behalf of Other Business Entity:** [See below for required signature(s)]

Signature: 

Printed Name: Richard Vilsoet

Title: Secretary

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**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)

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ARTICLES OF ORGANIZATION  
OF  
CMI SERVICES, LLC  
a Florida limited liability company

ARTICLE I.

NAME

The name of the limited liability company (the "Limited Liability Company") is: **CMI Services, LLC**

ARTICLE II.

ADDRESS

The street and mailing addresses of the principal office of the Limited Liability Company are:

Street Address:

1555 South Blvd  
Chipley, FL 32428

Mailing Address:

1555 South Blvd  
Chipley, FL 32428

ARTICLE III.

REGISTERED AGENT, REGISTERED OFFICE, AND REGISTERED AGENT'S SIGNATURE

The name and Florida street address of the Limited Liability Company's registered agent are:

CT Corporation System  
1200 South Pine Island Rd  
Plantation, FL 33324

*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.*

CT Corporation System

By: 

Name:

Title:

Date: July 22, 2015

Judith Argao  
Vice President  
and Assistant Secretary

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**ARTICLE IV.  
MANAGEMENT**


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

<u>Title</u>	<u>Name and Address</u>
Manager	Steven Nielsen 11780 U.S. Highway 1, Suite 600 Palm Beach Gardens, FL 33408
Manager	H. Andrew DeFerrari 11780 U.S. Highway 1, Suite 600 Palm Beach Gardens, FL 33408

**ARTICLE V.  
EFFECTIVE DATE AND TIME**

These Articles of Organization shall be effective on July 25, 2015 at 11:57 p.m. (Eastern Time).

IN WITNESS WHEREOF, the undersigned, being an authorized representative, has executed these Articles of Organization as of the date set forth below.

  
Name: Richard Vilsoet  
Title: Authorized Representative  
Date: July 20, 2015

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