# L15000/65181

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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### **COVER LETTER**

Division of Corporations	•
SUBJECT: Great South Timber & Lumber, L	LC
	ne of Resulting Florida Limited Company)
	ticles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concern	ing this matter to:
Tommy D. Permenter, Jr., Esq.	
(Contact Person)	
The Permenter Law Firm, P.A.	
(Firm/Company)	
2201 S.E. 30th Avenue, Suite 202	·
(Address)	
Ocala, Florida 34471	
(City, State and Zip Code	<del>()</del>
tommy@permenterlaw.com	
E-mail Address: (to be used for future annual	report notifications)
For further information concerning this n	natter, please call:
Tommy D. Permenter, Jr., Esq.	at ( <sup>352</sup> ) <sup>622-1811</sup>
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following am	ount:
☐ \$150.00 Filing Fces (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fces and Certificate of Status	\$\frac{1}{2}\$180.00 Filing Fees and Certified Copy  \$\frac{1}{2}\$185.00 Filing Fees,  Certified Copy, and  Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section
Clifton Building	Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314

Tallahassee, FL 32301

Registration Section

#### **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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: reat South Timber & Lumber, 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.)
Fi	rst organized, formed or incorporated under the laws of Florida
on	December 14, 1984 (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:
Gr	reat South Timber & Lumber, LLC
	(Enter Name of Florida Limited Liability Company)
(T da da <u>No</u>	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 late this document is filed by the Florida Department of State; AND 2) must be the same as the effective late listed in the attached Articles of Organization, if an effective date is listed therein.)  Let: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records.

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

Signed this 15th day of September	_ 20_15			
Signature of Authorized Representative of Limi	ted Liability Company:			
	D P I			
Signature of Authorized Representative:	T. Cool			
Printed Name: Robert P. Cook	Title: Manager			
Signature(s) on behalf of Other Business Entity: {	See below for required signature(s)]			
Signature: Robert P. Cook  Printed Name: Robert P. Cook				
Printed Name: Robert P. Cook	Title: President	_		
Signature:				
Printed Name:	Title:	_		
Signature:Printed Name:				
Printed Name:		_		
Signature:		_		
Signature:Printed Name:	Title:	- <u>F</u> E	15	
Signature:		± 120	SS	-
Printed Name:	Title:	785E	2	ATT HEARTS
Signature:		7-7 10-7 10-7	PH	4
Printed Name:	Title:	ST- ST- ST- ST- ST- ST- ST- ST- ST- ST-		Two areas
If Florida Corporation:		EE-FLORIDA	ր։ Սծ	Open !
Signature of Chairman, Vice Chairman, Director, or	Officer.	_		
If Directors or Officers have not been selected, an Inc	corporator must sign.			
If Florida General Partnership or Limited Liabili	ty Partnership:			
Signature of one General Partner.				
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:			
organization of <u>restaurant</u> definition				
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)			
Cartificate of Status:	\$5.00 (Ontional)			

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

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:		
Great South Timber & Lumber, LLC		
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC."	)
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limit	ed Liability Company is:
Principal Office Address:	Mailing Address:	
517 S.E. Baya Drive	P.O. Box 2249	
Lake City, Florida 32025	Lake City, Florida 32056	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the respective Robert P. Cook	ered Agent. You must designate an	gent's Signature: in individual or another  Signature:
Name	•	المقديد الله الله الله الله الله الله الله الل
517 S.E. Baya Drive Florida street address (P.O	. Box <u>NOT</u> acceptable)	ED OF STATE OF LORIDA
Lake City	FL 32025	
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

HARADDU — Assals suffer a Sacratic suffer	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Robert P. Cook
MGK	P.O. Box 2249
	Lake City, Florida 32056
	end City, 1 lorida 52050
	ŽS <b>3</b>
	55 0
	استانستا ( <b>درات در)</b> اها یب لبده
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	mg ng
	4
(Use attachment if necessary)  T.F.V: Effective date, if other than the	he date of filing: (OPTIONAI)
LE V: Effective date, if other than the flective date is listed, the date mus days after the date of filing.)	t the applicable statutory filing requirements, this date will not be lister's records.
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) the date inserted in this block does not mee	t be specific and cannot be more than five business days t the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet's effective date on the Department of States.	t be specific and cannot be more than five business days t the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet's effective date on the Department of State LE VI: Other provisions, if any.	t the applicable statutory filing requirements, this date will not be lister's records.
CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  the date inserted in this block does not mee the date on the Department of State of ELE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memb This document is executed in I am aware that any false infor	t the applicable statutory filing requirements, this date will not be lister's records.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)

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

**ARTICLE IV-**