# L1600064749

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

| SUBJECT:   | RTEGA'S CONC  | RETE AND STU                          | ceo, LLC   |
|--|---|---------------------------------------|--|
|  | (Name   | of Resulting Florida Limite           | d Company)   |
|  |   |                                       | d fees are submitted to convert an "Other coordance with s. 605.1045, F.S. |
| Please return all corre  | espondence concerning                                 | g this matter to:                     |  |
| Oz Lof   | (Contact Person)                                      |                                       |  |
|  | (Contact Person)                                      |                                       |  |
| A+B Accor  | (Firm/Company)  | x, uc                                 |  |
| 415 E. M   | MAIN ST.  |                                       |  |
| BARTON   | (Address)  EL 33830  City, State and Zip Code)        |                                       |  |
| (0   | City, State and Zip Code)                             | · · · · · · · · · · · · · · · · · · · |  |
|  | -   |                                       |  |
| E-mail Address: (to be   | concrete & YA   | port notifications)                   |  |
| For further information  | on concerning this ma                                 | tter, please call:                    |  |
| DZ LOPET   | 2   | at (863)                              | 670-1780   |
| (Name of Contact   | ct Person)  | (Area Code) (Day                      | time Telephone Number)   |
| Enclosed is a check for  | or the following amou                                 | nt:                                   |  |
| \$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 |                                       |  |
| STREET ADDRESS   | S:  | MAILING A                             | ADDRESS:   |
| Registration Section   |   | Registration S                        | Section  |
| Division of Corporati  | ons   | Division of C                         | •  |
| Clifton Building   | C' I  | P. O. Box 632                         |  |
| 2661 Executive Center Tallahassee, FL 3236   |   | Tallahassee, I                        | FL 32314   |

**TO:** Registration Section Division of Corporations

## **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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:   |          |
|--|----------|
| ORTEGN'S CONCRETE AND STUCCO, INC.   | 27 Ive   |
| (Enter Name of Other Business Entity)  | ī :      |
|  | 200      |
| 2. The "Other Business Entity" is a <u>Corporation</u> .   |          |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)  | Allery   |
| First organized, formed or incorporated under the laws of Florion  | ا<br>خون |
| (Enter state, or if a non-U.S. entity, the name of the country)  |          |
| on 8-6-2013 (date of organization, formation or incorporation)  3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  | :        |
| ORTEGA'S CONCRETE AND STUCCO, LLC.   |          |
| (Enter Name of Florida Limited Liability Company)  |          |
| 4. If not effective on the date of filing, enter the effective date: APRIL 187, 2016  (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. | e        |

Page 1 of 2

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

| Signed this day of  | _ 20   |
|---|--|
| Signature of Authorized Representative of Limit   | ted Liability Company:   |
| Signature of Authorized Representative: X Formula Name: Formula To Ortega   | rtenato Ortega<br>Title: Maz                                   |
| Signature(s) on behalf of Other Business Entity: [  |  |
| Signature: X Fortunato Ortego<br>Printed Name: FORTUNATO ORTEGA   | Title: <u>A GR PRESIDE</u> JT                                  |
| Signature:Printed Name:   | Title:   |
| Signature:  | <u></u> _  |
| Printed Name:   | Title:   |
| Signature: Printed Name:  |  |
| Printed Name:   | Title:   |
| Signature: Printed Name:  | _ Title:   |
| Signature:  |  |
| Printed Name:   | _ Title:   |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc. |  |
| If Florida General Partnership or Limited Liability Signature of one General Partner.                               | ty Partnership:  |
| If Florida Limited Partnership or Limited Liabilit<br>Signatures of <u>ALL</u> General Partners.                    | y 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

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

| 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:  A + B A CCOUNTING & TAX, LLC.  Name  **TAX LLC.**  Name  **TAX LLC.**  **TAX LLC.** |          | •                  | AND STUCCO, LLC                             | ORTEGA'S CONCRET                                |
|--|----------|--------------------|---|---|
| The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  Mailing Address:  SAME.  JAME.  TAMPA, FL. 33619  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:  A+B ACCOUNTING & TAX, LUC.  Name  Name   |          | ")                 | ited Liability Company, "L.L.C.," or "LLC." | (Must end with the words "I                     |
| 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:  A+B ACCOUNTING & TAX, LUC.  Name  WAF F. MAIN ST STE LOL   | pany is: | ted Liability Comp | of the principal office of the Limi         |   |
| 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:  A+B ACCOUNTING & TAX, LUC.  Name  445 F. Main ST. ST. LOC.  |          |                    | <b>Mailing Address:</b>                     | Principal Office Address:                       |
| A+B ACCOUNTING & TAX, LLC.  Name  VIET R. Main ST STE (0)  |          |                    | SAME.                                       | 2814 N.76 H ST.<br>TAMPA, FL. 33619             |
| A+B ACCOUNTING & TAX, LLC.  Name  4.5 F. Main ST STE (a)   |          |                    |   | The Limited Liability Company cannot serve as i |
| A+B ACCOUNTING & TAX, LLC.  Name  VIET R. Main ST STE (0)  | 4        | IA:                | of the registered agent are:                | The name and the Florida street addre           |
| 4,5 F. Maid ST STE IN  |          | <u>ر .</u>         | Name  | A+B AC  |
| Florida street address (P.O. Box NOT acceptable)   |          |                    |   |   |
| BARTOW         FL 33830         FR 3880           City         Zip   |          | STATE<br>LORIBA    | FL <i>33830</i><br>Zip                      | <u>BARTON</u><br>Ci                             |

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

| l <u>e:</u><br>MBR" = Authorized Member | Name and Address:                                   |    |
|---|---|----|
| GR" = Manager                           | _   |    |
| MGR                                     | FORTUNATO ORTEGA 2814 N. 76++ ST. TAMPA, FL. 33\$19 |    |
|   | 78/4 N. /6 / ST.                                    |    |
|   | 100017, 10. 3981                                    |    |
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ARTICLE IV.

ARTIC to or 90 days after the date of filing.)

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.

| RTICLE VI: Other provisions, if any. |        |  |
|--------------------------------------|--------|--|
|                                      |        |  |
| REQUIRED SIGNATURE:                  |        |  |
| & Fartuato                           | Orfera |  |

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

FORTUNATO ORTEGA.

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)

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