# L 16000 | 568/5

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	



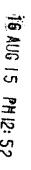
AUG 2 4 2016

T. SCOTT



000287931150

07/18/16--01046--006 \*\*160.00





### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 26, 2016

JAMES T. BAHR 8141 PELICAN HARBOUR DR LAKE WORTH, FL 33467

SUBJECT: JB AGPROJECT SERVICES, LLC

Ref. Number: W16000052014



We have received your document for JB AGPROJECT SERVICES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non U.S. LLCS can file domestications in Florida.,

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.

Tyrone Scott Regulatory Specialist II

Letter Number: 416A00015637

### **COVER LETTER**

**TO:** Registration Section Division of Corporations

Tallahassee, FL 32301

INHS11 (06/15)

SUBJECT:	B Hgrojec	t Service	es, LLC	_
	(Name of Res	ulting Florida Limite	d Company)	
	of Conversion, Articles of a "Florida Limited Liabilit			
Please return all corres	spondence concerning this	matter to:		
JAMES T	Contact Person)			
JB AgP	(Contact Person)  OCC Services,  (Pirm/Company)	LLC		
	(Mirm/Company) Pelican Harbour			
	(Address)			
Lake Wo	rth FL 33	467_		
	rth FL 33 ity, State and Zip Code) ir@ Verizon.n			
·	used for future annual report no	,		
For further informatio	n concerning this matter, p		2	
Tames (Name of Contac	Bahr at (	609 40	68 - 3474 rtime Telephone Number)	<del></del>
(Name of Contac	t Person)	(Area Code) (Day	/time Telephone Number)	the al your
Enclosed is a check for	or the following amount:	regresenta	twee on 8/9/16,	2 understand the
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)		180.00 Filing Fees Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	with one of your a condenstand the payment previously made (see a Hackey letter of 7/26/16) can be applied to this
STREET ADDRESS	:	MAILING A	ADDRESS:	be applied to this
Registration Section		Registration Section		Conversion.
Division of Corporations		Division of Corporations		The only con
Clifton Building		P. O. Box 6327		Thank you,

# **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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
TB Ag Project Services, 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.)  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.

Page 1 of 2

Signed this 10th day of AUGUST	
Signature of Authorized Representative of	Limited Liability Company:
Signature of Authorized Representative: Printed Name: JAMES T. BAHR	^
Signature(s) on behalf of Other Business Ent	
Signature: James T Bahr Printed Name: JAMES T. BAHR	Title: DIRECTOR
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, Directo If Directors or Officers have not been selected,	
If Florida General Partnership or Limited Li Signature of one General Partner.	ability Partnership:
If Florida Limited Partnership or Limited Li Signatures of <u>ALL</u> General Partners.	ability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organizati Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5 00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

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

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

Mailing Address:

8/41 PELICAN HARBOUR DR

ARTICLE I - Name:

JB

**ARTICLE II - Address:** 

**Principal Office Address:** 

8141 PELICAN HARBOUR WORTH

business entity with an active Florida registration.)

The name of the Limited Liability Company is:

AGPROJECT

The name and the Florida street address of the registered agent are:

JAMES T. BAHR		
Name		
814 PELICAN HARBOUR DR. Florida street address (P.O. Box NOT acceptable)		
LAKE WORTH FL 33467 City Zip		
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appregistered agent and agree to act in this capacity. I further agree to comply with the postatutes relating to the proper and complete performance of my duties, and I am family accept the obligations of my position as registered agent as provided for in Chapte	ointment rovisions iliar with	as of all and
Registered Agent's Signature (REQUIRED)	F6 AUG	
(CONTINUED)	S	
Page 1 of 2	ᇙ	<del>=</del>

,	Company:			
	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
	"MGR" = Manager AMBR	JAMES T. BAHR 8141 PELICAN HARBOUR DR LAKE WORTH FL 33467		
	(Use attachment if necessary)			
(If an to or 9 <u>Note:</u> I	effective date is listed, the date must be days after the date of filing.)	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior the applicable statutory filing requirements, this date will not be listed as the seconds.		
ARTI	CLE VI: Other provisions, if any.			
	REQUIRED SIGNATURE:			
	James	T. Baly		
	This document is executed in ac I am aware that any false inform	r or an authorized representative of a member. coordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.		
	TAMES T. BAHR Typed or printed name of signee			
	\$125.00 Filing Fee for Articles o	Filing Fees  f Organization and Designation of Registered Agent		
	\$ 30.00 Certified Copy (Options	al) \$ 5.00 Certificate of Status (Optional)		
		Page 2 of 2		

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

ARTICLE IV-