

L16000180581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

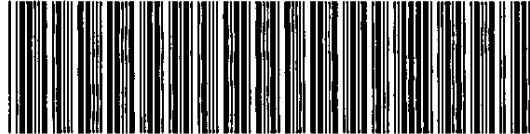
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/02/16--01039--007 **150.00

FILED
16 SEP 20 AM 8:39
TALBARTH, ALBERTA

T HENDERSON
SEP 20 2016

W/16 54988



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2016

MELINDA O. SANDS
PO BOX 20146
KNOXVILLE, TN 37940

SUBJECT: ODOM CONSTRUCTION SYSTEMS LLC
Ref. Number: W16000056988

We have received your document for ODOM CONSTRUCTION SYSTEMS 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.

An authorized person must sign the certificate of conversion.(See signature on behalf of other business entity).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

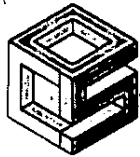
If you have any questions concerning the filing of your document, please call (850) 245-6052.

TANYA L HENDERSON
Regulatory Specialist II

Letter Number: 616A00017364

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16 SEP 20 PM 12:41
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

616A00017364
16 SEP 20 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Odom
Construction Systems

OCSteel® Prefab Panels & Trusses
Acoustical / Masonry / Plaster-EIFS / Drywall / Metal Framing

September 15, 2016

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

We have filed our annual report and paid fee. Please see certificate attached.

Also, we have made requested corrections to the Articles of Conversion per your letter herewith.

If you have any questions, please email me at tammyr.sands@odomconstruction.com or call me at 865-579-5015.

Sincerely,

Tammy Sands
Asst. Controller

Knoxville

1430 Island Home Avenue
Knoxville, TN 37920
Phone: 865.579.5015
FAX: 865.573.2835
E-MAIL: 865.579.5015

Kingsport

300 Brookfield Drive
Kingsport, TN 37663
Phone: 423.406.1134
FAX: 423.406.1136

Central Florida

6220 S. Orange Blossom Trail
Suite 187
Orlando, FL 32809
Phone: 407.879.5176

DFW

8338 Sterling St.
Irving, TX 75063
Phone: 512.982.1515

Lexington

2333 Alexandria Dr.
Lexington, KY 40504
Phone: 859.514.6017
FAX: 859.514.6001

Nashville

3200 West End Ave
Suite 500
Nashville, TN 37203
Phone: 615.783.1674



OCSSteel® Prefab Panels & Trusses
Acoustical / Masonry / Plaster-EIFS / Drywall / Metal Framing

July 28, 2016

Florida Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please find attached the forms and fees requested to convert our company from Inc. to an LLC.
If you have any questions, please contact me at 865-579-5015 or you may email me at:
tammyr.sands@odomconstruction.com

Thanks for your help in this matter.

Sincerely,

Tammy Sands
Asst. Controller

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Odom Construction Systems 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:

Melinda O. Sands
(Contact Person)
Odom Construction Systems LLC
(Firm/Company)
P.O. Box 20146
(Address)
Knoxville, TN 37940
(City, State and Zip Code)
melinda.sands@odomconstruction.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Melinda O. Sands at (865) 579-5015
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
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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:

Odom Construction Systems, Inc.
(Enter Name of Other Business Entity)

F14000000185

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 TN

on 7-26-04
(date of organization, formation or incorporation)

(Enter state, or if a non-U.S. entity, the name of the country)

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

Odom Construction Systems LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 10-1-14.

(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.

FILED
15 SEP 20 AM 8:39
TALLAHASSEE FLORIDA

Signed this 28th day of July 20 16.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Melinda O. Sands
Printed Name: Melinda O. Sands Title: CFO

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

Signature: Melinda O. Sands
Printed Name: Melinda O. Sands Title: CFO

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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16 SEP 20 AM 8:39
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Odom Construction Systems LLC

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

ARTICLE II - Address:

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

Principal Office Address:

1430 Island Home Ave.
Knoxville, TN 37920

Mailing Address:

P.O. Box 20146
Knoxville, TN 37940

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:

Jeff Nardi

Name

1028 Isle of Palms Dr.

Florida street address (P.O. Box **NOT** acceptable)

Fernadina Beach FL 32034

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..

Jeff Nardi

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

CFO

CEO

Name and Address:

Melinda O. Sands
1430 Island Home Ave.
Knoxville, TN 37920

William P. Odom
1430 Island Home Ave.
Knoxville, TN 37920

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10-1-14 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior 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.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Melinda O. Sands

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.

Melinda O. Sands

Typed or printed name of signee

Filing Fees

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)