L17000110170

(Requestor's Name)	
(Address)	
(Address)	
,	
(City/Chata/Zin/Ohana 40	
(City/State/Zip/Phone #)	
PICK-UP WAIT] MAIL
(Business Entity Name)	
•	
(Document Number)	
(Document Number)	
Certified Copies Certificates of State	tus
Special Instructions to Filing Officer:	
	İ
	1
	i

Office Use Only



100298672061

05/09/17--01007--007 **185.00

17/3980°C

17 MAY 19 AM 7: 28

T. BURCH

COVER LETTER

TO: New Filing Section Division of Corpo			
SUBJECT: Elile	Contracting Servi	ces of NW	FLLC
	(Name of Resulting	Florida Limited Co	ompany)
	The state of the s	•	and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all correspon	ndence concerning this	matter to:	
Shirle	y Sheree Anderson		
	ontact Person)		
•	acting Services of NWF, LL	.C	
	irm/Company)		
1149	91 Pierpoint Avenue		
	(Address)		
Per	nsacola, FL 32534		
	State and Zip Code)	.	
elitecontractin	ngservices82@gmail.com		
	d for future annual report no	tifications)	
For further information co	oncerning this matter, p	lease call:	
Shirley Sheree A	nderson at (850	776-6725
(Name of Contact Per			aytime Telephone Number)
Enclosed is a check for th dollars and drawn on a ba	•	-	essed by this office must be payable in US
	Certificate of and	180.00 Filing Fees Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building		New Filing	Corporations

Tallahassee, FL 32314

32301

2661 Executive Center

Circle Tallahassee, FL



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 9, 2017

SHIRLEY SHREE ANDERSON 11491 PIERPOINT AVE PENSACOLA, FL 32534

SUBJECT: ELITE CONTRACTING SERVICES OF NWF, LLC

Ref. Number: W17000039808

We have received your document for ELITE CONTRACTING SERVICES OF NWF, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Tim Burch Regulatory Specialist III

Letter Number: 017A00009187

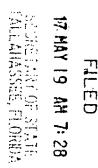
Articles of Conversion

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.

	Entity" immediately prior to ING SERVIES OF NWF, I	o the filing of the Articles of Conversion is: INC	
	Name of Other Business Entity)		
2. The "Other Business Entity" is a _	CORPORATION	·	
(E	nter entity type. Example: corp- general partnership, common la		
First organized, formed or incorporate	d under the laws of	FLORIDA	
on JULY 01, 2016 (date of organization, formation or incorp	(Enter state	e, or if a non-U.S. entity, the name of the country)	
3. The name of the Florida Limited L ELITE CONTRACTING SERVIC		rth in the attached Articles of Organization .	1:
(Enter Name of	Florida Limited Liability Compa	any)	
4. If not effective on the date of filing			
after the date this document is filed the effective date listed in the attach	by the Florida Departmented Articles of Organization meet the applicable statutory:	iled date nor more than 90 calendar days ent of State; <u>AND</u> 2) must be the same as ion, if an effective date is listed therein.) filing requirements, this date will not be listed as the	
5. The plan of conversion has been an	proved in accordance with	all applicable statutes	

- 6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this day of MAY	_ 2017
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: SHIRLEY S. ANDERSON	Title: PRESIDENT
Signature(s) on behalf of Other Business Entity: (Signature: A Marine Signature: A Ma	
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 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 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 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
ELITE CONTRACTING SERVICES OF NWF, LLC (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11491 PIERPOINT AVENUE	P.O. BOX 562
PENSACOLA, FL 32534	CANTONMENT, FL 32533
The name and the Florida street address of the substraction SHIRLEY S. ANDERSON Name	
11491 PIERPOINT AVENUE	
Florida street address (P.O	. Box NOT acceptable)
PENSACOLA	FL 32534
City	Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as sity. I further agree to comply with the provisions of alperformance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S
Shirley S. An	derson
Registered Agent's Sign	

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	NICHOLAS NUNLEY
AMBR	
	191 E. NINE MILE ROAD PENSACOLA, FL 32534
	T DIVISIO O DI I, I E 3233 F
W-2011	
	第4 6 元
	<u> </u>
(15	5 17
(Use attachment if necessary)	WW W 01 2016
RTICLE V: Effective date, if other than an effective date is listed, the date mutor to or 90 calendar days after the date: If the date inserted in this block does not meet	et the applicable statutory filing requirements, this date will not be list
RTICLE V: Effective date, if other than an effective date is listed, the date mutior to or 90 calendar days after the date. If the date inserted in this block does not measument's effective date on the Department of States	ast be specific and cannot be more than five business de of filing.) et the applicable statutory filing requirements, this date will not be list
RTICLE V: Effective date, if other than an effective date is listed, the date mutior to or 90 calendar days after the date. If the date inserted in this block does not measument's effective date on the Department of States.	ast be specific and cannot be more than five business de of filing.) et the applicable statutory filing requirements, this date will not be list
ATICLE V: Effective date, if other than an effective date is listed, the date muter to or 90 calendar days after the date. If the date inserted in this block does not measument's effective date on the Department of State ATICLE VI: Other provisions, if any.	ast be specific and cannot be more than five business de of filing.) et the applicable statutory filing requirements, this date will not be list
RTICLE V: Effective date, if other than an effective date is listed, the date mustor to or 90 calendar days after the date. If the date inserted in this block does not measument's effective date on the Department of State. RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of this document is executed in I am aware that any false info	ast be specific and cannot be more than five business de of filing.) et the applicable statutory filing requirements, this date will not be list te's records.
RTICLE V: Effective date, if other than an effective date is listed, the date mutior to or 90 calendar days after the date. If the date inserted in this block does not measurement's effective date on the Department of State RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of this document is executed in I am aware that any false info	Shirley & Anderson Der or an authorized representative of a member. a accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State only as provided for in s.817.155, F.S.

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

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)

the

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

ARTICLE IV-