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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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T. BURCH NOV 28 2017

COVER LETTER

TO: New Filing Sec Division of Cor				
SUBJECT: TICO CON	CRETE INC			
30b/EC1	(Name of Res	ulting Florida Limite	d Com	pany)
				d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corresp	pondence concerning	g this matter to:		
JOSE I MATA				
	(Contact Person)			
TICO CONCRETE INC				
	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·		
3930 W CASS ST				
	(Address)			
TAMPA FL 33609				
(Cit	y, State and Zip Code)			
josematai17@gmail.com				
E-mail Address: (to be u	ised for future annual rep	port notifications)		
For further information	concerning this mat	ter, please call:		
JOSE I MATA		_at (<u>813</u>)	512-9	530
(Name of Contact	Person)	(Area Code)	(Dayt	time Telephone Number)
Enclosed is a check for dollars and drawn on a	•	•	ocess	ed by this office must be payable in US
(\$25 for Conversion a	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing F and Certified Copy		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporation Clifton Building 2661 Executive Center		New Fil Division P. O. Bo	ing Se of Co ox 632	orporations

32301

Circle Tallahassee, FL

FILED

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

17 NOV 27 AM 11: 28

SCURETARY OF STATE TALLAHASSEE, FLORIDA

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 Enti TICO CONCRETE INC	ty" immediately pr	ior to the filin	g of the Article	es of Conversion is: .
(Enter Nam	ne of Other Business E	ntity)		•
2. The "Other Business Entity" is a TICC	CONCRETE LLC	P06-	26/27	
(Enter	entity type. Example: neral partnership, comi	corporation, lin	nited partnership,	
First organized, formed or incorporated u	inder the laws of $\frac{F^1}{L}$	LORIDA		
	(Ente	er state, or if a no	on-U.S. entity, the	name of the country)
(date of organization, formation or incorporation)	 . tion)			
3. The name of the Florida Limited Liab TICO CONCRETE LLC				
(Enter Name of Flor	rida Limited Liability (Company)		
4. If not effective on the date of filing, er				
(The effective date: 1) cannot be prior after the date this document is filed by the effective date listed in the attached	the Florida Depar	rtment of Sta	te; <u>AND</u> 2) m	ust be the same as
Note: If the date inserted in this block does not n document's effective date on the Department of S	neet the applicable state			
5. The plan of conversion has been appro	wed in accordance	with all applic	cable 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 4TH day of MARCH	20 <u>17</u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	W
Signature of Authorized Representative:	Title: P
Signature(s) on behalf of Other Business Entity:	
Signature:	
Printed Name: Signature: Signatur	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	****
Printed Name:	Title:
Signature:	T'.1
	1 1110:
Printed Name:	
If Florida Corporation:	
	Officer.
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer. corporator must sign.
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabili Signature of one General Partner.	Officer. corporator must sign. tv Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabili	Officer. corporator must sign. tv Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. All others:	Officer. corporator must sign. tv Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Officer. corporator must sign. tv Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. All others: Signature of an authorized person.	Officer. corporator must sign. tv Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. All others:	Officer. corporator must sign. tv Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. All others: Signature of an authorized person. Fees:	Officer. corporator must sign. ty Partnership: ty Limited Partnership:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Must contain the words "Limited Liability (TOMPANY, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3930 W. CASS ST. TAMPA, FL. 33609	SAMI
TAMPA, FL. 33609	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual or another
<u>.</u>	
JOSE I. I	
3930 W. C Florida street address (P.O.	ASS ST.
Florida street address (P.O.	Box NOT acceptable)
TAMPA	FL 33609 Zin
City	Zip
liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete po	accept service of process for the above stated limited this certificate. I hereby accept the appointment as ty. I further agree to comply with the provisions of all exformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
/\'/	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	JOSE J. MATA 3930 W. CASS ST. TAMPA, FL. 33609
	
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	ne date of filing: . (OPTIONAL) t be specific and cannot be more than five business days
ICLE V: Effective date, if other than the effective date is listed, the date must to or 90 calendar days after the date. If the date inserted in this block does not meet tent's effective date on the Department of State.	t be specific and cannot be more than five business days of filing.) the applicable statutory filing requirements, this date will not be listed:
ICLE V: Effective date, if other than the effective date is listed, the date musto or 90 calendar days after the date	t be specific and cannot be more than five business days of filing.) the applicable statutory filing requirements, this date will not be listed a
ICLE V: Effective date, if other than the effective date is listed, the date must to or 90 calendar days after the date. If the date inserted in this block does not meet ment's effective date on the Department of State. ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in a Lam aware that any false inform	t be specific and cannot be more than five business days of filing.) the applicable statutory filing requirements, this date will not be listed a
ICLE V: Effective date, if other than the effective date is listed, the date must to or 90 calendar days after the date. If the date inserted in this block does not meet thent's effective date on the Department of State. ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in a I am aware that any false inform constitutes a third degree felony.	t be specific and cannot be more than five business days of filing.) the applicable statutory filing requirements, this date will not be listed a records. er or an authorized representative of a member. Accordance with section 605.0203 (1) (b). Florida Statutes, nation submitted in a document to the Department of State

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV-