L18000054619

(Requestor's Name)		
(Address)		
(Ad	ddress)	
(Ĉi	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Na	me)
(De	ocument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
i.		
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 FEB 15 PH 5: 4

COVER LETTER

TO: New'Fili Division	ng Section of Corporations		
SUBJECT: M &	M JAX CONSTRUCTION, L	LC	
SOBSECT:	(Name of Re	sulting Florida Limite	d Company)
	•	_	on, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S.
Please return all	correspondence concerning	g this matter to:	
Jorge Maure			
	(Contact Person)		
M & M Jax Constru	uction, LLC		
	(Firm/Company)		
2486 Townsquare I)r		
	(Address)		
Jacksonville, FL	32216		
	(City, State and Zip Code)		
canalesroman@yah	· · · · · · · · · · · · · · · · · · ·		
	(to be used for future annual re	enort notifications)	
For further inform	nation concerning this ma	tter, please call:	
Jorge Maure		at (⁹⁰⁴)	520-0835
(Name of C	Contact Person)		(Daytime Telephone Number)
	eck for the following amount on a bank located in the		ocessed by this office must be payable in US
■ \$150.00 Filing For (\$25 for Conversion & \$125 for Articles of Organization)		□\$180.00 Filing F and Certified Copy	
STREET ADDR	RESS:	MAILI	NG ADDRESS:
New Filing Section			ing Section
Division of Corp			of Corporations
Clifton Building		P. O. Bo	x 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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:
(Enter Name of Other Business Entity)
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
(Enter state, or if a non-U.S. entity, the name of the country)
05/04/2016 on .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
M & M Jax Construction, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.) 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.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the appoint to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

	day of February	20_18
Signature of Auth	orized Representative of Lim	ted Liability Company:
Signature of Author	rized Representative:	
Printed Name: Jorge	Maure	Title: Manager
-		
Signature(s) on bel	palf of Other Business Entity:	[See below for required signature(s)]
Signature:	and the same of th	
Printed Name: Jorge	Maure	Title: MGR
		Title.
Signature: Rune: Revni		
Printed Name: Reyni	er Gozalez-Maure	Title: MGR
Signature: Pohor	10/10/11	
Printed Name: Rober	to Manuel Dieguez	Title: MGR
rimed Name. Rober	to Mandel Bioguez	Title, Mark
Signature;		
Printed Name:		Title:
Signature:		Title:
Printed Name.		
Signature:		
Printed Name:		Title:
	_	
If Florida Corporat	tion: an, Vice Chairman, Director, or	Officer
	ers have not been selected, an In	
it birectors or office	ors have not been selected, an in	corporator mast signi
If Florida General	<u>Partnership or Limited Liabili</u>	ty Partnership:
Signature of one Ger	neral Partner.	
mema il Tilia. Ja	D	t. I instead Boutmoughins
Signatures of ALL (<u>Partnership or Limited Liabili</u> General Partners	ty Limited Partnership:
Signatures of ADD	Jeneral Farmers.	
All others:		
Signature of an author	orized person.	
n		
Fees:		
Articles of C	Conversion:	\$25.00
	rida Articles of Organization:	\$125.00
Certified Co	_	\$30.00 (Optional)
Certificate o		\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Limi	: ited Liability Company i	s:	
M & M Jax Construction (Must c		ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addr The mailing address a		principal office of the Limited	Liability Company is:
Principal Office Add	lress:	Mailing Address:	
2486 Townsquare Dr Jacksonville, Fl 32216		2486 Townsquare Dr Jacksonville, Fl 32216	
	any cannot serve as its own Reg	ed Office, & Registered Ager gistered Agent. You must designate an in	
The name and the Flo	rida street address of the	e registered agent are:	
<u>Jo</u>	orge Maure		
	Nar	ne	
24	186 Townsquare Dr		
		O. Box NOT acceptable)	
Ja	acksonville	FL 32216	
	City	Zip	
liability company registered agent and statutes relating to	y at the place designated d agree to act in this cape o the proper and complete ations of my position as r	to accept service of process for in this certificate, I hereby accordity. I further agree to comply e performance of my duties, and registered agent as provided for emanded for general management (REQUIRED)	ept the appointment as with the provisions of all d I am familiar with and
	(CONTI	NUED)	The second

ARTICLE IV-

Jorge Maure

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Jorge Maure
	2486 Townsquare Dr
	Jacksonville, FL 32216
MGR .	Reynier Gonzalez- Maure
	2486 Townsquare Dr
	Jacksonville, FL 32216
MGR	Roberto Manuel Dieguez
	6728 Gaillardia rd
	Jacksonville, Fl 32211
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
· · · · · · · · · · · · · · · · · · ·	
REQUIRED SIGNATURE:	
RECOIRED SIGNATURE:	
Her	
- 6 JJ	
This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware th
any false information submitted in a docu	iment to the Department of State constitutes a third degree felo
as provided for in s.817.155, F.S.	

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)