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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only

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COVER LETTER

SUBJECT:	Concret (Name of Res	e Service I ulting Florida Limited Con	npany)	-
		_	d fees are submitted to coordance with s. 605.1	
Please return all corre	espondence concerning	g this matter to:		
Jennifer	(Contact Person)			
A+B Accou	Hins TTay (Firm/Company)	c. UC		
435 E. Mc	(Address)			
Bowton	F2 3383, City, State and Zip Code)	O		29 FA
ilosez ta	A SVS (Cyclina) e used for future annual re	. com		2: 39
For further information	on concerning this ma	tter, please call:		
Jenniter (Name of Conta	Warren ct Person)	_at (<u>941)</u> <u>30</u> (Area Code) (Day	2-1422 vtime Telephone Number)	_
Enclosed is a check f			sed by this office must	be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS	S:	MAILING A		
New Filing Section	iona.	New Filing S		
Division of Corporati Clifton Building	10115	Division of C P. O. Box 63		
Simon Danding		i. O. DOX 03	← f	

Tallahassee, FL 32314

32301

2661 Executive Center

Circle Tallahassee, FL

TO: New Filing Section Division of Corporations

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 the Concrete Service Inc. 014000	of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Coronation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of	me of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Article Ak Concrete Service LLC	s of Organization:
(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 9 after the date this document is filed by the Florida Department of State; AND 2) must the effective date listed in the attached Articles of Organization, if an effective date is Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	t be the same as listed therein.)
5. The plan of conversion has been approved in accordance with all applicable statutes.	
 The "Converted or Other Business Entity" has agreed to pay any members having appraisal a which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	rights the amount to 18 JUN 29 PM 2:

	Signed this 26th day of June	20 <u>18</u> .
	Signature of Authorized Representative of Limited	d Liability Company:
9	Signature of Authorized Representative: Printed Name: OSC O Arzate	Title:
	Signature(s) on behalf of Other Business Entity: [Se	
K	Signature: Sel Avade Printed Name: OSe O Avade	Title: <u>Manager</u>
		_
	Signature: Printed Name:	Title:
	Signature:	
	Printed Name:	Title:
	Signature:	
	Signature: Printed Name:	Title:
	Signature:	
	Signature:Printed Name:	Title:
	Signature:Printed Name:	
	Printed Name:	Title:
	If Florida Corporation:	Y-aar
	Signature of Chairman, Vice Chairman, Director, or Of If Directors or Officers have not been selected, an Incompared to the Chairman of the Ch	
	If Florida General Partnership or Limited Liability	Partnership:
	Signature of one General Partner.	A medical simple
	If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
	All others: Signature of an authorized person.	
	<u>Fees:</u>	
		\$25.00 \$125.00
	* =	\$30.00 (Optional) \$5.00 (Optional)
	Certificate of Status.	oo.oo (Ophonar)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Must contain 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:	Mailing Address:	
4273 Bomber Road Bartow Fe 33830	Since as Office	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registationsess entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another	
The name and the Florida street address of the re	egistered agent are:	
A+B Accounting	g+Tax Lle	100
435 E. Main St Florida street address (P.O.		至2:3
Bartow	FL 33830	هس
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..

Segistered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	τ . \circ \wedge
HMBR	Jose Offrate
	1273 120m Dev La
	<u> </u>
to on OO colonday days & d. 1.4	be specific and cannot be more than five business days
to or 90 calendar days after the date of If the date inserted in this block does not meet the ent's effective date on the Department of State's	of filing.) ne applicable statutory filing requirements, this date will not be listed.
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If the date inserted in this block does not meet the ent's effective date on the Department of State's ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in ac	or an authorized representative of a member.
If the date inserted in this block does not meet the ent's effective date on the Department of State's ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in ac I am aware that any false information.	or an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State
If the date inserted in this block does not meet the ent's effective date on the Department of State's ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in act I am aware that any false informationstitutes a third degree felony.	or an authorized representative of a member. cordance 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.
to or 90 calendar days after the date of the date inserted in this block does not meet the ent's effective date on the Department of State's CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in ac I am aware that any false informationstitutes a third degree felony.	or an authorized representative of a member. cordance 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.
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\$ 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

1 . .

ARTICLE IV-