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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
/\
(Business Entity Name)
(Ousiness Entity Name)
(D.
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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10/17/18--01034--011 **155.00

COVER LETTER

Division of Corporatio	ns		
SUBJECT: T.E. WILL	Name of Resulting Florida		
	•	ization, and fees are submitted to convergany" in accordance with s. 605.1045,	
Please return all corresponden	ce concerning this matter	to:	
THAD WILLIAMS			
TE WILLIAMS C	ompany)	<u>ll</u> C	
7223 Sleepy H	ollow Circle		
Tallahassee, Fi	32312	 -	
Talahassee, FL (City, State of Thad Will'ams 65) E-mail Address: (to be used for the city)	ind Zip Code) <u> </u>	ns)	
For further information concer	_5at (<i>950</i>	, 227-8848	
(Name of Contact Person)	(Area C	Code) (Daytime Telephone Number)	
Enclosed is a check for the foldollars and drawn on a bank lo	- ·	ks processed by this office must be pays)	vable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) S155.0 and Certification Status	0 Filing Fees ☐\$180.00 F fleate of and Certified	-	
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle	Nei Div P. C	AILING ADDRESS: We Filing Section Vision of Corporations D. Box 6327 lahassee, FL 32314	
2001 Executive Center Circle	1 41	iaiia5500, I L 34314	

Tallahassee, FL 32301

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Articles of Conversion

For

"Other Business Entity"

Into

2018 OCT 17 PM 1: 23

SECRETARY OF SIMIL FALLAHASSEE, FLORIG.

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.

The name of the "Other Business Entity" immediately prior to the fitting of the Afficies of Conversion is.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (opposet in) (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
on 10/22/2010 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
TE WILLIAMS CONSTRUCTION UC. (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 16/17/2018. (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after

5. The plan of conversion has been approved in accordance with all applicable statutes.

the date this document is filed by the Florida Department of State.)

document's effective date on the Department of State's records.

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.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Signed this 19 th day of October	_ 20 @ [8
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Printed Name: THAO E. WILLIAMS	Title: MANAGING MEMBER
Signature(s) on behalf) of Other Business Entity: [See below for required signature(s)
Signature: Million Printed Name: THAOT. WILLIAM	g Title: MGR
Signature: Printed Name:	Title:
Signature:Printed Name:	_ Title:
Signature: Printed Name:	_ Title:
Signature:Printed Name:	Titic
Signature:	
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 Liabilit Signature of one General Partner.	y 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.	
<u>Fees:</u>	
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:
TE WILLAMS CONSTRUCTION, LLC. (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:
7223 Skepy Hollow Circle 7223 Skepy Hollow Circle
Tallahassee, Fr. 32312 Tallahassee, Fr. 32312
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: The North Mark Mark Mark Mark Thank E. Williams Name 7223 Sleepy Hollow Circle Florida street address (P.O. Box NOT acceptable) Talkalussee, FL 132-312
THENSHMAN MAN ATTAM MOME Thad E. Williams
Name Slaggi Hollow Circle
Basan Ward Mayarowe 7223 318 pg
Florida street address (P.O. Box NOT acceptable) Tallallacese
ANANDAMITOR FL. ANALONA 32-3/2
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

(CONTINUED)

Mul & Williams
Registered Agent's Signature (REQUIRED)

А	RT	Ю	LE.	IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = ManagerMGR	THAD E. WILLIAMS 7223 Sleepy Hollow Circle Tallahassel, Fr. 32312
	<u>A</u> v
	ARY
(Use attachment if necessary)	FI ORIC
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	d G. Williams
This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes, I am aware that ament to the Department of State constitutes a third degree felony
as provided for in s.817,155, F.S.	.]
as provided for in s.817.155. F.S.	JE, WILLIAWS yped or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)