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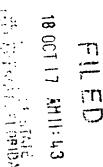
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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COVER LETTER

TO:	New Filing So Division of Co					
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		(Nan	ne of Resulting	Florida Limited	Com	pany)
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	ion of Corporati	ions				orporations
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		- · · ·				÷ •

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 <u>Corporation (P180000 80261)</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc
First organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)
on 9-24-2018 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
O& C CONSTRUCTION, LLC. (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: (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 amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.
TALL TO SEE THE SEE TH

Signed this 10 day of OCTOR	35/2 20 18.
Signature of Authorized Representative of	f Limited Liability Company:
Signature of Authorized Representative: The Printed Name: DRLANDO CALIXTA	Title: OWNER MANAGER
Signature(s) on behalf of Other Business En	ntity: [See below for required signature(s)]
Signature:	KTRD Title: MANAGER
Printed Name: ORLANDO CALI)	KTRD Title: MANA GER
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
	Title:
Signature: Printed Name:	Title:
Signature:	Title:
Printed Name:	little:
If Florida Corporation: Signature of Chairman, Vice Chairman, Direct If Directors or Officers have not been selected If Florida General Partnership or Limited I	, an Incorporator must sign.
Signature of one General Partner. If Florida Limited Partnership or Limited I	iability Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organiza	\$25.00 tion: \$125.00

\$30.00 (Optional) \$5.00 (Optional)

Certified Copy: Certificate of Status: THE DOT 17 MILLED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
OS C 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:
5404 WHITE SANDS COURT SAME WIMAUNA, FL. 33598
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:
ORLANDO CALIXTRO Name
5404 WI+iTE SANDS CT Florida street address (P.O. Box NOT acceptable)
Wionauma FL 33598 City Zip
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.
Registered Agent's Signature (REQUIRED)
(CONTINUED)

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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" = Manager 	ORLANDO CALIXTRO 5404 WHITE SANDS CT. WIMAUNA, FL 33598
	
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felony
ORLANDO C	ALIXTRO ped or printed name of signee
	Filing Fees f Organization and Designation of Registered Agent