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Special Instructions to	Filing Officer:	

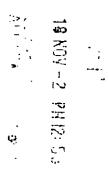
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TO:	New Filing S Division of C					
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	Jose	I Len	\A			
		(Contact Person)				
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25 for \$125	0.00 Filing Fees Conversion for Articles nization)	□\$155.00 Filing F and Certificate of Status	Gees S180.00 Fil and Certified (Сору	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	ET ADDRES	S:	MA	ILING AD	DDRESS:	
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	Executive Cen	ter Circle		ahassee, FI		

llahassee, FL 32301

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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.

The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
The "Other Business Entity" is a CORPORATION (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
irst organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country) (date of organization, formation or incorporation)
The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: JL Seneral Construct of FL LLC
(Enter Name of Florida Limited Liability Company)
If not effective on the date of filing, enter the effective date: 11 1 2012 ne effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after date this document is filed by the Florida Department of State.) 11 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
ment's effective date on the Department of State's records.
he plan of conversion has been approved in accordance with all applicable statutes.
ne "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

hich such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 31 day of OCTOBIC	_ 20	
Signature of Authorized Representative of Limit	ted Liability Company:	
Signature of Authorized Representative: * 50. Printed Name: 1000 I Lema	Title: LC MgR	
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]	
Signature: Y JOSE I LEMA Printed Name: JOSE I LEMA	Title: Premdent	
Signature:Printed Name:	_ Title:	
Signature:	_ Title:	
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Florida Corporation: nature of Chairman, Vice Chairman, Director, or Oriectors or Officers have not been selected, an Inc.		
Iorida General Partnership or Limited Liabilit nature of one General Partner.	y Partnership:	
orida Limited Partnership or Limited Liabilit atures of ALL General Partners.	y Limited Partnership:	
thers: tture of an authorized person.		18 NOV -2
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	1-2 PW 12: 55

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JL General Conste	nction of FL LLC
(Must contain the words "Limited Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	al office of the Limited Liability Company is:
Principal Office Address: Ma	ailing Address:
20 Rose Petal Lane,	SAMe
PAIN LOAST FC 32164	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Abusiness entity with an active Florida registration.) The name and the Florida street address of the regist Name 20 Rose Retail Florida street address (P.O. Box Palman) City	ered agent are:

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)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	JOSE I LEMA 20 ROSE PEDI LANG. HOMM CORN FL 3216
	AC B
·	
(Use attachment if necessary)	

REQUIRED SIGNATURE:

N JOSE I LYMA

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony 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)