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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 491103 7607786
AUTHORIZATION :
COST LIMIT: \$ 130.00
ORDER DATE: November 15, 2018  ORDER TIME: 11:09 AM
ORDER NO. : 491103-025
CUSTOMER NO: 7607786
DOMESTIC FILING
NAME: VAN HEEST CONTRACTING, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Roxanne Turner - EXT.
EXAMINER'S INITIALS:

## 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 Busin VAN HEEST CONTRACTING, LLC	ness Entity" immediately prior to the filing of the Articles	of Confersion is:
	Enter Name of Other Business Entity)	200
2. The "Other Business Entity" i	Limited Liability Company	SSE 9 F
•	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	A C
First organized, formed or incorp	orated under the laws of Delaware	三
09/13/2007	(Enter state, or if a non-U.S. entity, the na	me of the colintry)
(date of organization, formation or	incorporation)	
3. The name of the Florida Limit VAN HEEST CONTRACTING, LLC	ed Liability Company as set forth in the attached Article	s of Organization:
(Enter Nan	ne of Florida Limited Liability Company)	
date this document is filed by th date listed in the attached Artic	be prior to date of receipt or filed date nor more than 9 to Florida Department of State; AND 2) must be the sales of Organization, if an effective date is listed therein loss not meet the applicable statutory filing requirements, this date with	me as the effective
5. The plan of conversion has bee	n approved in accordance with all applicable statutes.	

Page 1 of 2

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.

Signed this 15 day of November	20 <u>18</u>	
Signature of Authorized Representative of Lin	nited Liability Company:	
Signature of Authorized Representative:		
Printed Name: Sandra J. Van Heest	Title: Member	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
Signature:		
Printed Name: John J Van Heest	Title: OWNER General F	tictner
/ '		
Signature:		
Printed Name:	Title:	
Signature:	<b>&gt;</b> · ·	
Signature:Printed Name:	Title:	PE 2 7
		经包二
Signature:		製って
Printed Name:	Title:	SST. WITH
Signature:		一年 是
Printed Name:	Title:	SEE STAIL
		35 <b>-</b>
Signature:Printed Name:	(Pia)	ي تر
Trined Name.	little:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or	Officer.	
If Directors or Officers have not been selected, an In	corporator must sign.	
If Florida General Partnership or Limited Liabili	ty Partnamhine	
Signature of one General Partner.	ty i arthermup:	
wa		
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:	
Signatures of ALL General Partners.		
All others:		
Signature of an authorized person.		
Foes:		
<del></del>		
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ITRACTING, LILC	
•	Must end with the words "Limited"	Liability Company, "L.L.C.," or "LLC.")
ARTICLE U The mailing add		e principal office of the Limited Liability Company is:
Principal Office	: Address:	Mailing Address:
3423 Southwood O	aks St	8423 Southwood Oaks St
ARTICLE III - The Limited Liability business entity with a	Registered Agent, Regist Company cannot serve as its own I m active Florida registration.)	Lithia, FL 33547  ered Office, & Registered Agent's Signature:  legistered Agent. You must designate an individual or another.
RTICLE III - The Limited Liability cusiness entity with a	Registered Agent, Regist Company cannot serve as its own F	Lithia, FL 33547  ered Office, & Registered Agent's Signature:  legistered Agent. You must designate an individual or another.
RTICLE III - The Limited Liability pusiness entity with a	Registered Agent, Regist Company cannot serve as its own I in active Florida registration.)  e Florida street address of I  Corporation Service Company	Lithia, FL 33547  ered Office, & Registered Agent's Signature:  legistered Agent. You must designate an individual or another the registered agent are:
RTICLE III - the Limited Liability business entity with a	Registered Agent, Regist Company cannot serve as its own I in active Florida registration.)  e Florida street address of I  Corporation Service Compan	Lithia, FL 33547  ered Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another the registered agent are:
ARTICLE III - The Limited Liability business entity with a	Registered Agent, Regist Company cannot serve as its own I in active Florida registration.)  e Florida street address of I  Corporation Service Compan  N  1201 Hays Street	Lithia, FL 33547  ered Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another the registered agent are:
RTICLE III - the Limited Liability business entity with a	Registered Agent, Regist Company cannot serve as its own I in active Florida registration.)  e Florida street address of I  Corporation Service Compan  N  1201 Hays Street	Lithia, FL 33547  ered Office, & Registered Agent's Signature:  legistered Agent. You must designate an individual or another  the registered agent are:

accept the obligations of my position as registered agent as provided for in Chapter 605. F.S.. Corporation Service Company, Registered Agent

Roxanne Turner Asst. Vice President

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Sandra J. Van Heest
AMDR	8423 Southwood Oaks St
	Lithia, FL 33547
mgr	John J VanHeest
	8423 Southwood Ocks St
	Litting FL 33547 PC 2 T
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)  TICLE V: Effective date, if other than an effective date is listed, the date m	n the date of filing: (OPTIONAL) oust be specific and cannot be more than five business days price
TICLE V: Effective date, if other than an effective date is listed, the date in r 90 days after the date of filing.)  If the date inserted in this block does not nument's effective date on the Department of S	nest be specific and cannot be more than five business days pricented the applicable stantory filing requirements, this date will not be listed as the
TICLE V: Effective date, if other that an effective date is listed, the date mr 90 days after the date of filing.)	nest be specific and cannot be more than five business days pricented the applicable stantory filing requirements, this date will not be listed as the
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TICLE V: Effective date, if other than an effective date is listed, the date in r 90 days after the date of filing.)  If the date inserted in this block does not ment's effective date on the Department of STICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	neet the applicable standary filing requirements, this date will not be listed as totale's records.
ITCLE V: Effective date, if other than offective date is listed, the date on r 90 days after the date of filing.)  If the date inserted in this block does not ment's effective date on the Department of STICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	neet the applicable standary filing requirements, this date will not be listed as the state's records.  Jan Heart miler or an authorized representative of a member.
TICLE V: Effective date, if other than an effective date is listed, the date on r 90 days after the date of filing.)  If the date inserted in this block does not ment's effective date on the Department of STICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a menting document is executed I am aware that any false in	neet the applicable standary filing requirements, this date will not be listed as totale's records.
TICLE V: Effective date, if other than an effective date is listed, the date on r 90 days after the date of filing.)  If the date inserted in this block does not ment's effective date on the Department of STICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a menting document is executed I am aware that any false in	mher or an authorized representative of a member.  In accordance with section 605.0203 (1) (b), Florida Statutes.  Information submitted in a document to the Department of State is provided for in s.817.155, F.S.
TICLE V: Effective date, if other than an effective date is listed, the date on r 90 days after the date of filing.)  If the date inserted in this block does not nument's effective date on the Department of STICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a menument of superior of s	mher or an authorized representative of a member.  In accordance with section 605.0203 (1) (b), Florida Statutes.  Information submitted in a document to the Department of State

ARTICLE IV-