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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	rsiness Entity Nan	ne)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

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COVER LETTER

Division of Corporations
SUBJECT: Stable Rock Construction LLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Ma Stella Parada (Contact Person) Accounting & Advisory by Stella (Firm/Company) 1490 Wost Ugth Place # 409a (Address)
1490 West 49th Place # 4099
Halegh, Fl 33012 (City, State and Zip Code)
Stelland 66 e gmail. com E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Stella Parada at (505) 301-0541 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
\$150.00 Filing Fees (\$25 for Conversion & S125 for Articles of Organization) \$\square \frac{1}{3}\frac{155.00}{3}\frac{11100}{1000}\frac{1100}{3}\frac{1}{3}\frac{180.00}{3}\frac{1100}{1000}\frac{1100}{3}\frac{1}{3}\frac{185.00}{3}\frac{1100}{1000}\frac{1100}{3}\frac{1}\frac{1}{3}\frac
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

INHS11 (7/17)

2661 Executive Center Circle

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:
Stable Rock Construction Corp - PDYOUUISSY
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation
(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 11/15/2004 (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Stable Rock 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: $05/10/2019$.
(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.
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

ARTICLE 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" = Manager MGR	Luis A. Sugrez Mayor 1490 West 49th Place 409 1tralegh, Fl 33012	
AMBR	Madeline Sucrez 1490 West 49th Place 409 Higheah, Fl 33012	
AMBR	Abner Nuñez 1490 West 49th Place 409 Hallah, Fl 33012	
(Use attachment if necessary)		
ARTICLE V: Other provisions, if any.		
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance a	in authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that	
any false information submitted in a documas provided for in s.817.155, F.S.	ent to the Department of State constitutes a third degree felony	
LUIS A.	Sugrez Mayor ed 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Stable Rock Construction (Must contain the words "Limited Liability C	ctron LLC Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principle.	cipal office of the Limited Liability Company is:
	Mailing Address:
1490 West 49th Pl. + 409 Miglean, Fl 33012	1490 West 49th Pl. #409 Highean, Fl ,33012
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	
The name and the Florida street address of the reg	-
Luis A. Suare	z Mayor
Name	
1490 West 49+6	17. A409
Florida street address (P.O. E	Box NOT acceptable)
Higlah City	FL 33012
City	Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	eccept service of process for the above stated limited his certificate. I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 605, F.S
Registered Agent's Signat	ure (REQUIRED)
(CONTINUI	ure (REQUIRED)
(00111103)	である。 17

Signed this 8 day of May	2019	
Signature of Authorized Representative of Join		
Signature of Authorized Representative: Name: Name: A. SUGICZ	Title: Manager	
Signature(s) on behalf of Other Business Entity:	[See below for required signs	ature(s)
Signature: Viu Vier Signature: Printed Name: LUIS A. Signez	_ Title: Manager	50%
Signature: Printed Name: Madelin Sugre 2	Title: AMBR	25%
Signature: Abner Wunez	Title: Ambr	25%
Signature:Printed Name:	Titlar	
rrinted Name:	riue:	
Signature:Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In		
lf Florida General Partnership or Limited Liabil	ity Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	