# L2000/46420

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

Office Use Only

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SEURETARY OF STATE ALLAHASSEE, FLORID TOMMY D. PERMENTER, JR.



BELLWETHER PROFESSIONAL PARK 2201 S.E. 30th Avenue, Suite 202 Ocala, Florida 34471

March 17, 2020

TELEPHONE (352) 622-1811 FACSIMILE (352) 622-1866 EMAIL TOMMY@PERMENTERLAW.COM



New Filing Section **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

Re: Murphy Kaufman Builders, Inc./LLC

Articles of Conversion

Ladies and Gentlemen:

Enclosed please find the Articles of Conversion for "Other Business Entity" into Florida Limited Liability Company for Murphy Kaufman Builders, Inc., for filing.

Also, enclosed is our firm's check in the amount of \$180.00 representing the filing and certified copy fees.

Thank you for your assistance in this matter. If you have any questions, please let us know.

Sincerely,

THE PERMENTER LAW FIRM, P.A.

Tommy D. Permenter, Jr., Esquire

TDP/am **Enclosures** 

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## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Murphy Kaufman Builders, LL (Name of Resulting Florida Lin	
The enclosed Articles of Conversion, Articles of Organiza Business Entity" into a "Florida Limited Liability Compa Please return all correspondence concerning this matter to	ation, and fees are submitted to convert an "Other my" in accordance with s. 605.1045, F.S.
Tommy D. Permenter, Jr., Esquire (Contact Person)  The Permenter Law Firm, P.A. (Firm/Company)	2020 MA
2201 S.E. 30th Avenue, Suite 202 (Address)	FILED 2020 MAR 20 PM 2: 07 SCORE LARY OF STATE ALL AHASSEE, FLORID
Ocala, Florida 34471  (City, State and Zip Code)  Tommy@Permenterlaw.com	M 2: 07 FLORIDA
E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call	
Towny D. Permenter, Jr., Esquire at (352 (Name of Contact Person) (Area Coo	) 622–1811 de) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks dollars and drawn on a bank located in the United States)	s processed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$\int \text{S155.00 Filing Fees} \text{and Certificate of Status} \text{S180.00 Filing Fees} \text{and Certified C}	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

P03000066696

### 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:

Murphy Kaufman Builders, Inc.
(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 (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
June 13, 2003
On (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Murphy Kaufman Builders, LLC
(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.



Signed this 13th day of March	20_20
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Kall	m M Taurha Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Michael J. Kaufman	
Printed Name: Michael J. Kaufman	Title: President
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
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 Partnership:
Signature of one General Partner.	. <del>.</del>
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others:	
Signature of an authorized person.	
Fees:	
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

Murphy Kaufman B			
(1	Must contain the words "Limited Li	inbility Company, "L.L.C.," or "LLC.")	_
ARTICLE II - A The mailing addr		ne principal office of the Limited Liability C	Company is:
Principal Office	Address:	Mailing Address:	
4900 S.W. 1st Aven	це	P.O. Box 339	
Ocala, Florida 3447	1	Ocala, Florida 34478	_
•	company cannot serve as its own for active Florida registration.)  e Florida street address of fi	Registered Agent. You must designate an individual or and the registered agent are:	ure: other
•	m active Florida registration.) e Florida street address of		other
•	m active Florida registration.) e Florida street address of Kuthryn M. Kaulman		other
•	m active Florida registration.) e Florida street address of Kuthryn M. Kaulman	the registered agent are:	other
•	mactive Florida registration.) e Florida street address of Kuthryn M. Kaulman N 4900 S.W. 1st Avenue	the registered agent are:	other
·	mactive Florida registration.) e Florida street address of Kuthryn M. Kaulman N 4900 S.W. 1st Avenue	the registered agent are:	other
•	Elorida street address of Kuthryn M. Kaufman  4900 S.W. 1st Avenue  Florida street address (	Vame  P.O. Box NOT acceptable)	other

Registered Agent's Signature (REQUIRED)

(CONTINUED)



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

"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Michael J. Kaufman	
	4900 S.W. 1st Avenue	
	Ocala, Florida 34471	
MGR	Kathryn M. Kaufman	
<del></del>	4900 S.W. 1st Avenue	
	Ocala, Florida 34471	· · · · · · · · · · · · · · · · · · ·
VP	Barbara S. Murphy	
	4929 S.W. 2nd Court	
	Ocala, Florida 34471	<u></u>
		AH
		ASS ASS
		<del></del>
		<del></del>
(Use attachment if necessary)		
(Use attachment if necessary)		
(Use attachment if necessary)  LE V: Other provisions, if any.		FLORIDA
LE V: Other provisions, if any.		
LE V: Other provisions, if any.	14 1/ / 4	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	M. Kaupus	ORID A
LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member o	M. Kaufua r an authorized representative of a me	ORID A
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance.	cc with section 605,0203 (1) (b), Florida Statutes.	mber
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance.	r an authorized representative of a me ce with section 605.0203 (1) (b). Florida Statutes, cument to the Department of State constitutes a thi	mber
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a document in a docum	cc with section 605,0203 (1) (b), Florida Statutes.	mber
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a document of the submitted in a d	cc with section 605,0203 (1) (b), Florida Statutes.	mber