

(Req	uestor's Name)
(Add	ress)	
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(City	/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Na	ime)
(Doc	ument Number	r)
Certified Copies	Certificate	es of Status
Special Instructions to F	iling Officer:	









CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 589045 8134964

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : December 28, 2020

ORDER TIME : 12:42 PM

ORDER NO. : 589045-005

CUSTOMER NO: 8134964

DOMESTIC AMENDMENT FILING

NAME: SOUTHEAST ELEVATOR, INC.

EFFECTIVE DATE: <u>12/29/2020</u>

ARTICLES OF AMENDMENT

XX RESTATED ARTICLES OF INCORPORATION/CONVERSION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS:

2020 DEC 30 PM 3: 53

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Southeast Elevator, LLC		
	sulting Florida Limited	Company)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L		n, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:	
Roy T. Mildner		
(Contact Person)		
Mildner & Associates, P.A.		
(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	
423 Delaware Avenue		
(Address)		
Fort Pierce, Florida 34950		
(City, State and Zip Code)		
Rmildner@floridalegal.com		
E-mail Address: (to be used for future annual re	port notifications)	
For further information concerning this ma	atter, please call:	
Roy T. Mildner	_at (⁷⁷²)	216-7794
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the		ocessed by this office must be payable in US
\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\	□\$180.00 Filing Fo and Certified Copy	Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	N D T 24	treet Address: lew Filing Section livision of Corporations he Centre of Tallahassee 415 N. Monroe Street, Suite 810 allahassee, FL 32303

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: Southeast Elevator, 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) 05/01/1995
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:
Southeast Elevator, 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.

7950000 38008

Signed this 29 day of December	. 2020
Signature of Authorized Representative of Limit	DLiability Company:
(V /)	111
Signature of Authorized Representative:	Mil / Y
Printed Name: Charles S. McGee	Title: Director
Signature(s) on behalf of Other Business Entity: JS	ee below for required signature(s)]
Signature:	7
	Title: President
Signature:	
Printed Name Travis McGee	Title: Vice President
<i>V</i> =	
Signature:	Tisla
Printed Name:	Titte:
Signature:	
Printed Name:	Title:
Simpatura	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or O	fficer.
If Directors or Officers have not been selected, an Inco	
If Florida Conount Boots and in 1 in 14 of 1 in 1914	. D
If Florida General Partnership or Limited Liability Signature of one General Partner.	rartnersmp:
organization and contract annotation	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:
All others:	
Signature of an authorized person.	
Fces:	

\$25.00

\$125.00

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

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

2020 DEC 30 PH 3:5

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I	- Name: the Limited Liability (Commany ia					
THE HAINE OF	the Linned Liability C	Lompany is:					
Southeast Ele							
	(Must contain the words "	Limited Liability	Company, "L.L.C.," or "LLC.")				
ARTICLE II The mailing a		ess of the pri	ncipal office of the Limite	d Liability	/ Con	npany	is:
Principal Of	fice Address:		Mailing Address:				
811 EDWARD	S ROAD		811 EDWARDS ROAD				
FORT PIERCE	E, FLORIDA 34982		FORT PIERCE, FLORIDA	34982	_		
The Limited Liab business entity w	oility Company cannot serve a eith an active Florida registrati I the Florida street add	is its own Register ion.) dress of the re	Office, & Registered Agord Agent. You must designate an gistered agent are:	ent's Sign individual or	ature another	· ·	
	Charles S. McGe	Name					
	2675 S. Brocksm	ith Road					
			Box NOT acceptable)				
	Fort Pierce		FL ³⁴⁹⁴⁵				
	C	City	Zip				
liability registered a statutes re	company at the place digent and ogree to act is lating to the proper and he obligations of my po	lesignated in this capacity and complete persition as reginerated.	accept service of process for this certificate, I hereby accept. I further agree to complete formance of my duties, and stered agent as provided for ture (REQUIRED)	cept the ap ly with the id I am fan	point provi niliar	ment d sions with 6 5, F.S	as of al and
		(CONTINU	ED)			2020 DEC 30	2 am. 1 1 1 am. 2 am.

AR		

Charles S. McGee

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	Charles D. McCas	
MGR	Charles S. McGee	
	2675 S. Brocksmith Road	
	Fort Pierce, Florida 34945	
AMBR	Travis McGee	
	5407 S Indian River Drive	
	Ft. Pierce, Florida 34982	
	7 1. 1 (d) (d) 7 10 11 (d) 0 17 (d) 2	
(Use attachment if necessary)		
NEW 61		
CLE V: Other provisions, if any.		
	- · · · · · · · · · · · · · · · · · · ·	
REQUIRED SIGNATURE:	May Star	
6:		
This document is executed in accordance	r an authorized representative of a member re with section 605.0203 (1) (b), Florida Statutes, I am aware	
any false information submitted in a doci	ument to the Department of State constitutes a third degree for	
as provided for in s.817.155, F.S.	anish to the sopartion of othe constitutes a till a degree to	

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$5.00 Certificate of Status (Optional)