# 121000446539

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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### **COVER LETTER**

<b>TO:</b> New Filing S Division of C			
SUBJECT: W	Mame of Res	thers Gray	
			d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
j	(Contact Person)		
Williams B	prothers Gran (Firm/Company)	ite	
1801 NE	23rd Ave		
Gainesuille	f1 326	09	
Williamsbro	Tity, State and Zip Codes  Hersgran   +e  e used for future annual re	@ Email.com	
For further information	on concerning this ma	tter, please call:	
Alphonso u	ct Person)	_at ( <u>352</u> ) <u>3</u> (Area Code) (Day	01 - 6640 rtime Telephone Number)
	or the following amou a bank located in the		sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
<u>Mailing Addı</u> New Filing Se			Address: Filing Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

# **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:	
Williams Brothers Granite	
(Enter Name of Other Business Entity)	
igwedge	
2. The "Other Business Entity" is a Corporation	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, or	etc.)
$C_{1}$	
First organized, formed or incorporated under the laws of florida	
(Enter state, or if a non-U.S. entity, the name of the country)	
4/3/2014	
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	n:
Williams Brothers Granite Linited Liability Company (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:	
The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after	er
he date this document is filed by the Florida Department of State.)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the locument's effective date on the Department of State's records.	
5. The plan of conversion has been approved in accordance with all applicable statutes.	
The pain of conversion has been approved in accordance with an applicable statutes.	
<ol> <li>The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount the which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.</li> </ol>	lo
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\$5.00 (Optional)

Certificate of Status:

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Williams Brothers Granite	Limited liability Company
Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1801 NE 23rd Ave Gainesville +1 32609	5902 NW 29th terr Garnesville +1 32653
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	gistered agent are:
Jaron Willia	
Name	र्वे के
5902 NW 29 <sup>4</sup> b Florida street address (P.O.	ter " "
Florida street address (P.O.	Box NOT acceptable)
<u>Gainesville</u> City	Box NOT acceptable)
City	FL 32653
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate. I hereby accept the appointment as v. I further agree to comply with the provisions of all arformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S

(CONTINUED)

Name and Address:	
	_
Alphonso williams 3631 Sw 28th terr	
Jaron Williams  5902 NW 29th for ( Gainesville fl 32653	
lus	
an authorized representative of a member	e ti
	Alphonso williams 3631 Sw 28th terr Apt A 32608  Jaron williams 5902 Nw 29th ferr Cainesville f1 32653

Filing Fees

ARTICLE IV-