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COVER LETTER

Division of Co	orporations				
SUBJECT: AMBROS	SIO'S CONCRETE, LLC				
		ulting Florida Limi	ted Com	pany)	
		_		I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.	
Please return all corre	spondence concerning	g this matter to:			
OZ LOPEZ					
	(Contact Person)		-		
OUTSOURCE BUSINE	SS SOLUTIONS, LLC.				
	(Firm/Company)		-		
5110 S. FLORIDA AVE	. SUITE 108				
	(Address)		-		
LAKELAND, FL. 33813					
	ity, State and Zip Code)		-		
OZLOPEZ@HOTMAIL.	СОМ				
E-mail Address: (to be	used for future annual rep	port notifications)	•		
For further informatio	n concerning this mat	tter, please call:			
JOSE AMBROSIO		at (609) 665-9	278	
(Name of Contac	t Person)		(Dayt	ime Telephone Number)	
Enclosed is a check fo dollars and drawn on a	_	•	rocesso	ed 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 and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Addr				Address:	
New Filing Section			New Filing Section		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

TO: New Filing Section

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.

AMBROSIO'S CONCRETE, 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 FLORIDA
(Enter state, or if a non-U.S, entity, the name of the country)
on <u>01/01/2</u> 019
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
AMBROSIO'S CONCRETE, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 01/01/2021
(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 8 day of DECEMBER	
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:	a (C)
Signature of Authorized Representative: Printed Name: JOSE AMBROSIO	Title: MANAGING MEMBER
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
0	
Signature: Sost AMBROSIO	T'I DECIDENT
Printed Name: JUSE AMBRUSIO	Title: PRESIDENT
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
C'	
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Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Composation.	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In	
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If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
TOTAL COLOR OF THE STREET	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
	63 5 0 0
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

ARTICLE I - Name: The name of the Limited Liability Com	apany is:
AMBROSIO'S CONCRETE, LLC (Must contain the words "Limi	ted Liability Company, "L.L.C.," or "ELC.")
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
177 IMPERIAL DRIVE NORTH MULBERRY, FL. 33860	177 IMPERIAL DRIVE NORTH MULBERRY, FL. 33860
The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	
The name and the Florida street address	s of the registered agent are.
JOSE AMBROSIO	Name
177 IMPERIAL DRIV	'E NORTH
	ess (P.O. Box <u>NOT</u> acceptable)
MULBERRY	FL 33860
City	Zip
liability company at the place designessized agent and agree to act in the statutes relating to the proper and co	ent and to accept service of process for the above stated limited gnated in this certificate. I hereby accept the appointment as a sis capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and on as registered agent as provided for in Chapter 605, F.S
Parietared Ass	nt's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Manager MGR JOSE AMBROSIO 177 IMPERIAL DRIVE NORTH MULBERRY, FL. 33860 (Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am awar any false information submitted in a document to the Department of State constitutes a third degree as provided for in s.317.155, F. S.	<u>Title:</u>	Name and Address:		
(Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am awar any false information submitted in a document to the Department of State constitutes a third degree	"AMBR" = Authorized Member			
(Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am awar any false information submitted in a document to the Department of State constitutes a third degree				
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Filing Fees

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)