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(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:

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COVER LETTER

Division of Corporation	ıs	
SUBJECT:	.LC	
36002011	(Name of Resulting Florid	a Limited Company)
		inization, and fees are submitted to convert an "Other mpany" in accordance with s. 605.1045, F.S.
Please return all correspondence	e concerning this matte	er to:
Coy W. Jamerson, III		
(Contact	Person)	
Jamerson Electric, LLC		
(Firm/Co	mpany)	
6849 SW 99th. Street		
(Addi	ress)	
Ocala, Florida 34476		
(City, State ar	nd Zip Code)	
coyj3@jamersonelectric.com		
E-mail Address: (to be used for tu	ture annual report notificat	ions)
For further information concern	ning this matter, please	call:
Coy W. Jamerson, III	at (407	√ 448-9125
(Name of Contact Person)	at ((Daytime Telephone Number)
Enclosed is a check for the follodollars and drawn on a bank loo		ecks processed by this office must be payable in US
□ \$150.00 Filing Fees (\$25 for Conversion and Certifity \$125 for Articles of Organization) □ \$155.00		Filing Fees ed Copy Certified Copy. and Certificate of Status
Mailing Address:		Street Address:
New Filing Section		New Filing Section
Division of Corporation P.O. Box 6327	S	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810

Tallahassee, 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.

ommon law or business trust, etc.)
y, the name of the country)
Articles of Organization:
an 90 calendar days after

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 28th. day of December	
Signature of Authorized Representative of Limi	ited Liability Company:
	(tok-
Signature of Authorized Representative:	(0) (1)
Signature of Authorized Representative: Printed Name: Coy W. Jamerson, III	Managing Partner Managing Partner
Signature(s) on behalf of Other Business Entity:	
Signature: W. Jamerson, III	
Printed Name: Cont. Jamerson. III	Title: President
Timed Name:	Title.
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
2.	
Signature:Printed Name:	77.1
Printed Name:	little:
If Clasida Compositions	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In	
Tribilectors of Officers have not been selected, all in	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnershin
Signature of one General Partner.	17 1 11 the toll 17.
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
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

ARTICLE I - Name: The name of the Limited Liability Compan	y is:	
Jamerson Electric, LLC		
(Must contain the words "Limited Li	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
6849 SW 99th. Street	6849 SW 99th. Street	
Ocala, Florida 34476	Ocala, Florida 34476	
The name and the Florida street address of Coy W. Jamerson, III	the registered agent are:	
6849 SW 99th. Street		
Florida street address ((P.O. Box NOT acceptable)	
Ocala	FL 34476	
City	Zip	
Having been named as registered agent a liability company at the place designate registered agent and agree to act in this co statutes relating to the proper and comple accept the obligations of my position a Registered Agent's	ed in this certificate. I hereby accept apacity. I further agree to comply w lete performance of my duties, and I	t the appointment as with the provisions of all am familiar with and

(CONTINUED)

ARTICLE IV-

as provided for in s.817.155, F.S.

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

"AMBR" = Authorized Member	
"MGR" = Manager	Cov.W. Inmercen III
AMBR	Coy W. Jamerson, III 6849 SW 99th, Street
	Ocala, Florida 34476
	Ocala, Florida 34476
AMBR	Christienne E. Burnett-DuBois
	6849 SW 99th. Street
	Ocala, Florida 34476
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
	
DEOLUDED CLONATUDE	
REQUIRED SIGNATURE:) /)
agw-	uex/
	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am aware the

Typed 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)