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# **COVER LETTER**

TO:	New Filing S Division of C					
CUDI		•	ONCRETE PROB	LEMS L	LC.	
SUBJ	ECT:	(Name of Re	sulting Florida Lin	nited Cor	nipany)	
					nd fees are submitted to convectordance with s. 605.1045,	
Please	return all corr	espondence concernin	g this matter to:			
ARMA	NDO AZEVEDO	)				
GOT C	CONCRETE PRO	(Contact Person) OBLEMS		_		
5 BIRC	CH HAVEN PLAC	(Firm/Company) CE		_		
PALM	COAST, FL 321	(Address)		_		
CECILI		City, State and Zip Code) ETEPROBLEMS@GMA	AIL.COM	_		
E-m	ail Address: (to b	c used for future annual re	port notifications)	_		
For fu	ther informati	on concerning this ma	tter, please call:			
CECILI	A CONTRERAS	S-AZEVEDO	386 at (	931-8 )	3605	
	(Name of Conta	ct Person)	(Area Code	) (Day	time Telephone Number)	
		or the following amou a bank located in the	•	process	sed by this office must be pay	rable in US
\$25 for & \$125	0.00 Filing Fees Conversion for Articles hization)	\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Addi New Filing So Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		New I Divisi The C 2415 I	Filing Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	

INHS11 (7/17)

## **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: GOT CONCRETE PROBLEMS INC.
(Enter Name of Other Business Entity)
INCORPORATION
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc. FLORIDA
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
JANUARY 14, 2014
on .
(date of organization, formation or incorporation)
<ol> <li>The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: GOT CONCRETE PROBLEMS LLC.</li> </ol>
(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.
5. 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.

20 <u>_&amp;Q</u>
ited Liability Company:
Title: VICE PRESIDENT
[See below for required signature(s)]
260
Title: PRESIDENT
Title:
Officer. corporator must sign.
ity Partnership:
ty Limited Partnership:
\$25.00
\$125.00 \$30.00 (Optional)
\$30.00 (Optional) \$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	y is:	
COT CONCRETE BROBLENC LLC		
GOT CONCRETE PROBLEMS LLC (Must contain the words "Limited Li	ability Company, "L.L.C.," or "L.L.C.")	
(Max contain the world, Thinkee 13)	army company. Divion or this.	
ARTICLE II - Address:		
The mailing address and street address of th	e principal office of the Limi	ted Liability Company is:
Principal Office Address:	Mailing Address:	
5 BIRCH HAVEN PLACE	5 BIRCH HAVEN PLACE	
PALM COAST, FL 32137	PALM COAST, FL 32137	
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)  The name and the Florida street address of t		
	•	
CECILIA CONTRERAS-AZ		
IN	ame	
5 BIRCH HAVEN PLACE		
Florida street address (l	P.O. Box <u>NOT</u> acceptable)	
PALM COAST,	32137 FL	
City	Zip	
Ç.i.y	Σιþ	
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	ed in this certificate. I hereby a pacity. I further agree to com ete performance of my duties, a	accept the appointment as ply with the provisions of all and I am familiar with and
Régistered Agent s	Civiliani (REQUIRED)	
CONT	TINUED)	;; ·
(601)	THUED;	Ī
		2:
		 C⊓

### ARTICLE IV-

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		
<del></del>		<del> </del>
. 1 / 1/	· · · · · · · · · · · · · · · · · · ·	
MER	5 BIRCH HAVEN PLACE	
<del></del>	PALM COAST, FL 32137	
	ARDIOIDO AZEN	FNU
		<del></del>
	5 BIRCH HAVEN PLACE	
<del></del>	PALM COAST, FL 32137	
`		
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a me with section 605,0203 (1) (b), Florida Statutes	ember s. I am aware
This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	an authorized representative of a me with section 605.0203 (1) (b), Florida Statutes ment to the Department of State constitutes a th	s. I am aware
REQUIRED SIGNATURE:  Signature of a member or a member or a member or a member or any false information submitted in a docur as provided for in s.817.155, F.S.  CECILIA CONTRERAS-AZEVEDO	with section 605.0203 (1) (b), Florida Statutes nent to the Department of State constitutes a the	s. I am aware
Signature of a member or This document is executed in accordance any false information submitted in a docur as provided for in s.817.155. F.S.  CECILIA CONTRERAS-AZEVEDO	with section 605.0203 (1) (b), Florida Statutes ment to the Department of State constitutes a the ped or printed name of signee	s. I am aware
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Signature of a member or This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.  CECILIA CONTRERAS-AZEVEDO  Typ	with section 605.0203 (1) (b), Florida Statutes ment to the Department of State constitutes a the ped or printed name of signee  Filing Fees  f Organization and Designation of F	s. I am aware hird degree fe  Registered
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