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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAłL
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Special Instructions to	Filing Officer:	
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### COVER LETTER

TO: New Filing Section Division of Corporation	បាន	
SUBJECT: BOYD CONSTRU	ICTION COMPANY	
ACDICE:	ICTION COMPANY  (Name of Resulting Florida Lin	nited Company)
		tion, and fees are submitted to convert an "Other ry" in accordance with s. 605.1045, F.S.
Please return all correspondence	ce concerning this matter to:	
John W. Waechter		
(Contact	Person)	
Englander Fischer		
(Firm/Co	ompany)	- <del></del>
721 1st Avenue N		
(Add	iress)	<del></del>
St Petersburg, FL 33701		
(City, State a	nd Zip Code)	_
dturner@eflegal.com		
E-mail Address: (to be used for fi	iture annual report notifications)	
For further information concern	ning this matter, please call:	
John W. Waechter	at ( <sup>727</sup>	) 898-7210 (Daytime Telephone Number)
(Name of Contact Person)	(Area Code	(Daytime Telephone Number)
Enclosed is a check for the foll dollars and drawn on a bank lo		processed by this office must be payable in US
	O Filing Fees S180.00 Filing leate of and Certified Co	
Mailing Address: New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ıs	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 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 and attached Articles of Organization 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:  BOYD CONSTRUCTION COMPANY
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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)
01/31/200 <del>9</del> on .
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: BOYD CONSTRUCTION COMPANY, 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.

Signed this 2	ndday of <u>May</u>	2022
Signature of	Authorized Representative of L	imited Liability Company:
Signature of A Printed Mame:	Nuthorized Representative Refer Boyd	Title: Manager
		v: [See below for required signature(s)]
Signature: Printed Name:	Peter Boyd	Title: President / Director
Signature: Printed Name:		Title:
Signature: Printed Name:		Title:
Signature:		Title:
Signature: Printed Name:		Title:
Signature:		Title:
If Florida Cor Signature of C If Directors or If Florida Ger		or Officer. Incorporator must sign.
	nited Partnership or Limited Lial MLL General Partners.	pility Limited Partnership:
Ali others: Signature of ar	authorized person.	
Fees:		
Fees fo Certifi	s of Conversion: or Florida Articles of Organization ed Copy: cate of Status:	\$25.00 n: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

a.L.C.," or "LLC.")  ce of the Limited Liability Company is:  Address:  Avenue S  Sburg, FL 33712
Address:
Avenue S
sburg, FL 33712
gent are:
acceptable)
33712
Zip

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

"AMBR" = Authorized Member	
"MGR" = Manager	Date: Boyd
Manager	Peter Boyd 1926 4th Avenue S
	St. Petersburg, FL 33712
	# 1 pt 1
·····	
11	
Use attachment if necessary)	
LE V: Other provisions, if any.	
.E.V: Other provisions, if any.	
.E.V: Other provisions, if any.	
.E.V: Other provisions, if any.	
	Turn T
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:  Signature of a member	or an authorized representative of a member
Signature of a member	ance with section 605.0203 (1) (b), Florida Statutes. I am aware
Signature of a member This document is executed in accordany false information submitted in a decordany false.	ance with section 605.0203 (1) (b), Florida Statutes. I am aware
Signature of a member	ance with section 605.0203 (1) (b), Fforida Statutes. I am aware focument to the Department of State constitutes a third degree fo
Signature of a member This document is executed in accordany false information submitted in a decordany false information submitted in a decordance in the context of	ance with section 605.0203 (1) (b), Fforida Statutes. I am aware focument to the Department of State constitutes a third degree for Peter Boyd.
Signature of a member This document is executed in accordany false information submitted in a decordany false information submitted in a decordance of the submitted in a decordance	ance with section 605.0203 (1) (b), Florida Statutes. I am aware focument to the Department of State constitutes a third degree for Peter Boyd  Typed or printed name of signee
Signature of a member This document is executed in accordany false information submitted in a das provided for in s.817.155, F.S.	ance with section 605.0203 (1) (b), Florida Statutes. I am aware focument to the Department of State constitutes a third degree for Peter Boyd  Typed or printed name of signee  Filing Fees
Signature of a member This document is executed in accordany false information submitted in a das provided for in s.817.155, F.S.	ance with section 605.0203 (1) (b), Fforida Statutes. I am aware focument to the Department of State constitutes a third degree for Peter Boyd  Typed or printed name of signee  Filing Fees  es of Organization and Designation of Registered