# 122000393101

(Requ	estor's Name)		
(Addre	ess)		_
(Addre	ess)		
(City/S	State/Zip/Phone	: #)	_
PICK-UP	☐ WAIT	MAIL	
(Busin	ess Entity Nam	ne)	_
(Docu	ment Number)		_
Certified Copies	Certificates	of Status	
Special Instructions to Fili	ing Officer:		
	Office Use Onl	v .	 



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# COVER LETTER

TO:	New Filing S Division of C				
SHR	IFCT: Lynmark	Construction, LLC			
3017	<u> </u>		sulting Florida Lim	ited Con	npany)
			_		d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
Angel	la Scarfone				
	_	(Contact Person)		_	
Lynm	ark Construction,	, LLC			
		(Firm/Company)		•••	
5029	17th Street N.				
		(Address)			
St. Pe	etersburg, FL 33	714			
		City, State and Zip Code)		<del></del>	
Lynm	arkStPete@gma	il.com			
E-	mail Address: (to b	e used for future annual re	port notifications)	_	
For fi	urther informati	on concerning this ma	tter, please call:		
Ange	la Scarfone		_at (	821-6	5169
	(Name of Conta	act Person)	(Area Code	:) (Day	time Telephone Number)
		for the following amou a bank located in the		process	sed by this office must be payable in US
(\$25 fo	50.00 Filing Fees for Conversion 5 for Articles (anization)	☐\$155.00 Filing Fees and Certificate of Status	S180.00 Filin and Certified Co	_	■\$185.00 Filing Fees. Certified Copy. and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection Corporations 27		New I Divisi The C	TAddress: Filing Section Ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Conversion

For

## "Other Business Entity"

Into

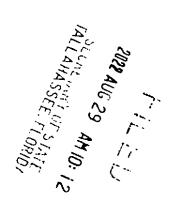
### Florida Limited Liability Company

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:

Lynmark Construction, Inc.
(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)
06/08/2007 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:
Lynmark Construction, 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.



# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	v is:
Lynmark Construction, LLC	
(Must contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of th	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Lynmark Construction, LLC	Lynmark Construction, LLC = 8
5029 17th Street N.	5029 17th Street N
St. Petersburg, FL 33714	St. Petersburg, FL 33714
(The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.)  The name and the Florida street address of t	Registered Agent? Signature: Registered Agent. You must designate an individual or another the registered agent are:
Angela L. Scarfone	
N	fame
5029 17th Street N.	
Florida street address (	P.O. Box NOT acceptable)
St. Petersburg	FL <sup>33714</sup>
City	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Signed this 19th day of A	ugust	_ 20_ <del>2 2</del>	
Signature of Authorized Repr	esentative of Limi	ted Liability Company:	
Signature of Authorized Repres Printed Name: <u>Angela Scarfone</u>	entative:	Title: President	<del></del>
Signature(s) on behalf of Other	Business Entity:	See below for required signature(s)]	
Signature: Ou yell.	& See		<del></del>
Printed Name: Angela Scarfone Signature: Mark Scarfone Printed Name: Mark Scarfone		Title: President	_
Signature: Mark Aca	you	Title: Vice President	
Printed Name: Mark Scarione		Little: Vice President	
Signature:	<del></del>	Title:	<del>_</del>
Signature: Printed Name:		Title:	<del>_</del> _
Printed Name:		Title:	PL TO
Signature:		Title:	- FE 200 2
Printed Name:		Title:	- 1388, A
If Florida Corporation: Signature of Chairman, Vice Cha	urman Director or 6	Officer	2022 AUG 29 AM 10: 12
If Directors or Officers have not		corporator must sign.	PAIE 12
If Florida General Partnership Signature of one General Partner			<del>4.</del>
If Florida Limited Partnership Signatures of <u>ALL</u> General Partn	or Limited Liabilit	v Limited Partnership:	
All others: Signature of an authorized person	n.		
Fees:			

Articles of Conversion:
Fees for Florida Articles of Organization:
Certified Copy:
Certificate of Status: \$25,00 \$125.00

\$30.00 (Optional) \$5.00 (Optional)