# L24000310548

(Re	equestor's Name)	
(Ad	ddress)	
. (Ac	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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#### COVER LETTER

TO: New Filing Section Division of Corporations

ABCO BUILDING SYSTEMS, LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

ABCO BUILDING SYSTEMS, LLC.
(Firm/Company)

248 Jarrott Daniels Rd-

Wewahitchka, FL 32465
(City, State and Zip Code)

Abcobuilding systems @ grail-com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Mary Patrick, CPA at (706) 468-8162

(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

S150.00 Filing Fees (\$25 for Conversion

& \$125 for Articles of Organization)

□\$155.00 Filing Fees

and Certificate of and Certified Copy

Status

□\$180.00 Filing Fees

S185.00 Filing Fees, Certified Copy, and

Certificate of Status

**Mailing Address:** 

**New Filing Section** Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

**New Filing Section** Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

INHS11 (7/17)

### **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.

ABCO BUILDING SYSTEMS, LLE
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (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)
on 12/24/2016 (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  ABCO BUILDING SYSTEMS, 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 15+ day of July	20 24
	Signature of Authorized Representative of Limi	ted Liability Company:
<b>~</b>	Signature of Authorized Representative:  Printed Name: Marcole Iwer	Title: <u>Manager Mem</u> ber
	Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
/	Signature: Printed Name: Marcole Iwer	Title: Manager Member
	Signature:	-
	Signature:Printed Name:	Title:
	Signature:	
	Signature:Printed Name:	Title:
	Signature:	
	Signature:Printed Name:	Title:
	Signature:Printed Name:	· · · · · · · · · · · · · · · · · · ·
	Printed Name:	Title:
	Signature:Printed Name:	
	Printed Name:	Title:
	If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
	If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
	If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
	All others: Signature of an authorized person.	
	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)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
ABEO BUILDING SY	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address of the printing address and street address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
248 Jarrott Daniels Rd.	
Wewa hitchka, FL	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
MARCOJ	ELWER
Name	<del></del>
248 Jarrott Da	aniels Rd.
Florida street address (P.O.	
Wewahitchka	FL <b>32465</b> Zip
City	Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete peacept the obligations of my position as regi	accept service of process for the above stated limited this certificate. I hereby accept the appointment as ty. I further agree to comply with the provisions of al erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
Registered Agent's Signa	ature (KEQUIKED)
(CONTINU	J <b>ED)</b>

Α	D1	F	IV-
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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	MARCOJELWER
MGR	1249 Tayet Davide DI
	248 Jarrott Daniels Rd- Wewa hitchka, FL 32465
	DVEWA KITCHKA, FL 32+63
g)	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
LE V: Other provisions, it any.	
REQUIRED SIGNATURE:	
	<del> </del>
Signature of a member or	an authorized representative of a member
	with section 605.0203 (1) (b). Florida Statutes. I am aware that
any talse information submitted in a docu- as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree felony
MARCOJE	LWER
Ту	ped or printed name of signee
	Filing Fees
<u> </u>	of Organization and Designation of Registered Agen
0.30.00.00 40.10 40.40	al) S 5.00 Certificate of Status (Ontional)