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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:			

Office Use Only



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87/15/24==01034==015 **185.00

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COVER LETTER

TO: New Filing Section Division of Corporations	- CARLITER
SUBJECT: SMP Contracting LLC	
(Name	of Resulting Florida Limited Company)
Ine enclosed Articles - CO	Articles of Organization, and fees are submitted to convert an "Other
Stephen M Pemberton	rining this matter to:
(Contact Person) SMP Contracting LLC	
(Firm/Company) 593 Lomond Drive	- (5)
(Address) Port Charlotte, FL 33953	
(City, State and Zip Code smpconst.stephen@gmail.com	
E-mail Address: (to be used for future annual	report notifications)
For further information concerning this m	latter please cell
Stephen M. Pemberton	
(Name of Contact Person)	at (616)835-4906
Enclosed is a check for the following amodollars and drawn on a bank located in the	(Area Code) (Daytime Telephone Number) unt: (All checks processed by this office must be payable in US United States)
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$ \$155.00 Filing Fees 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

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

	- , riorida
1. The name of the "Other Business E	ntity" immediately prior to the filing of the Articles of Conversion is:
SMP Construction	inity immediately prior to the filing of the Articles of Co.
(Enter N	in the feet of Conversion is:
(Cortet 14	fame of Other Business Entity)
2. The "Other Business Entity" is a	rporation
(Enter entity type. Example: co	proporation, limited partnership, general partnership, common law or business trust, etc.)
r:	sportation, minited partnership, general partnership, common law or business
First organized, formed or incorporated	DDDDC 16 a Ja. a ""Y"Y"YQDD
April, 2008	(Enter state, or if a non-U.S. entity, the name of the country)
on	of the country)
(date of organization, formation or incorpor	ation)
3. The name of the Florida I	
SMD C	pility Company as set forth in the attack.
SMP Contracting LLC	pility Company as set forth in the attached Articles of Organization:
(Enter Name of Flor	rida Limited Liability Company)
4 10	Table Company)
4. If not effective on the date of filing, er (The effective date: Cannot be prior to	oter the acc July 1 2024
(The effective date: Cannot be prior to	det the effective date:
UIC DAIR fine doon	" + CCCIUI III IIIAA AA4 =
the date this document is filed by the F. Note: If the date inserted in this block does not me	date of receipt or filed date nor more than 90 calendar days after
document's effective date on the Department of St	lorida Department of State.) icet the applicable statutory filing requirements, this date will not be listed as the late's records.
5. The plan of conversion by	- Si vic
5. The plan of conversion has been approv	ed in accordance with all applicable

- 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 8 day of July	_20 <u>_24</u>	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Printed Name: Stephen M Pemberton	Title: Owner	
Signature(s) on behalf of Other Business Entity:		
Signature: Stephen M Penberton	Title: Owner	
Signature:Printed Name:	_Title:	
Signature: Printed Name:	_ Title:	
Signature:Printed Name:	_ Title:	
Signature:Printed Name:	_Title:	-
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc If Florida General Partnership or Limited Liabilit	orporator must sign.	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		
Fces:		
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

SMP Contracting LLC (Must contain the words "Limite		•
A EXCLOSION AND AND AND AND AND AND AND AND AND AN	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and street address o	f the principal office of the Limi	tod Linktin o
rincipal Office Address:	i i i i i i i i i i i i i i i i i i i	ted Liability Company
omee Address:	Mailing Address:	
93 Lomond Drive		
ort Charlotte, Florida	593 Lomond Drive	
3953	Port Charlotte, FL	
RTICLE III - Registered Agent, Regine Limited Liability Company cannot serve as its own usiness entity with an active Florida registration.)	33953 stered Office, & Registered Ag n Registered Agent. You must designate an	ent's Signature: individual or another
RTICLE III - Registered Agent, Regine Limited Liability Company cannot serve as its own usiness entity with an active Florida registration.) The name and the Florida street address of	33953 stered Office, & Registered Ag n Registered Agent. You must designate an	gent's Signature: individual or another
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(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
(Use attachment if necessary)	
in necessary)	
ARTICLE V: Other provisions, if any.	A ^r
provisions, it any.	<u>্</u>
DEOLUDA	
REQUIRED SIGNATURE:	
-	
Signature of a manh	The state of the s
This document is executed in accordance with any false information submitted in a document tas provided for in s.817.155, F.S.	section 605,0203 (1) (b). Florida Statutes. I am aware that to the Department of State constitutes a third degree felony
Stephen M	Lea back
Typed o	or printed name of signee
\$125.00 Filing Fee for Articles of Org	Filing Fees ganization and Designation of Registered Agent \$ 5.00 Certificate of St.
\$ 30.00 Certified Copy (Optional)	\$ 5.00 Certificate of Status (Optional)