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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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ZECNETARY OF STATE

T. CLINE

JUN 16 2008

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

Tallahassee, FL 32301

SUBJECT: COYY	ierstone Cov	istruction o-	f Jax, Ir	1C.
		ng Florida Profit Corporatio		
		rticles of Incorporation, 'Florida Profit Corpora		
	espondence concernin	g this matter to:		
Tracy Dixu	m e			
l l	(Contact Person)			
Cornerstane	Construction (Firm/Company)	n of Jax, 1	nc.	
11859 Hide	den Hills	Dr	 	2009 JUN 13 SECRETAR)
	(Address)	_	j E	
Jacksonvil	le, A 3002	5		ARY Services
(0	City, State and Zip Code)		į	I3 PHI
/	on concerning this ma	tter, please call:		PM 12: 48 OF STATE F. FI ORION
	Xon	_at (904) ()	19-9452)
(Name of Cor	ntact Person)	(Area Code and Day	time Telephone Nu	mber)
Enclosed is a check for	or the following amou	int:		
\$105.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	\$113.75 Filing Fees and Certified Copy	\$122.50 Filing I Certified Copy, an Certificate of State	d
STREET ADDRESS	S:	MAILING A	DDRESS:	
Registration Section		Registration S	Section	
Division of Corporations		Division of Corporations		
Clifton Building 2661 Executive Center Circle		P. O. Box 6327 Tallahassee, FL 32314		

Certificate of Conversion For "Other Business Entity" Into

Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to

convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes. 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: omerstone Construction of Jax, LLC (Enter Name of Other Business Entity) 2. The "Other Business Entity" is a <u>limited liability</u> company (Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.) first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country) (Enter date "Other Business Entity" was first organized, formed or incorporated) 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated: 4. The name of the Florida Profit Corporation as set forth in the attached Articles of **Incorporation:**

Stone Construction of Jax, Inc.
(Enter Name of Florida Profit Corporation)

5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)									
Signed this 11th day of June	,20 0%)							
Signed this		Directors or							
Printed Name: Tracy DixonTitle:	President								
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	7398 JUN 13 PH 12: 1 SECRETARY OF STAT							

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) <u>ARTICLE I</u> The name of the corporation shall be: Cornerstone Construction of Jax, Inc. <u>PRINCIPAL OFFICE</u> The principal place of business/mailing address is: 11859 Hidden Hills Dr Jacksonville, PL 3222S The purpose for which the corporation is organized is: any and all lawful business ARTICLE IV The number of shares of stock is: 100 INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Joshua Dikon Tracy Dilor 11859 Hidden Hills Dr 11859 Hidden Hills Dr Jacksprulle, FL 32225 Jacksonville, FL 32225 Vice President ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Tracy Dixon 11859 Hidden Hills Dr

ARTICLES OF INCORPORATION

Jacksonville, PL 32225

ARTICLE VII	INCORPORATOR					
The <u>name and add</u>	ress of the Incorporator is	s:				
Tracy D1 11859 H	xon idden Hills	Dr	Jackson	iville,	PL	32778
Having been named a designated in this certij capacity	s registered agent to accept ficate, I am familiar with and	service of p accept the a	process for the abor ppointment as regis	ve stated corp tered agent a	poration at and agree to d	the place act in this
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Mary	Registered Agent			_ 6/11	ate 08	
Signatur	e/Incorporator			I	Date	
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	/				SECRETARY OF TALLAHASSEE.	The second secon
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