69000090437

(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:					
·					





600162193746

11/02/09--01020--024

T. HAMPTON

NOV - 3 2009

EXAMINER

COVER LETTER

	egistration vivision of C	Section Corporations			
		Jackson M	asonn/	Inc.	
SUBJEC	. 1 :		ng Florida Profit		
	n "Other B	cate of Conversion, A usiness Entity" into a			
Please re	turn all cori	espondence concernir	ng this matter to	o:	
Euc	wal Jac	uscu			
-		Contact Person		,	
)al	USON 1	Masonn/ Firm/Company			
		Firm/Company			
30	NE 146	5t			
		Address			
Mia	umi, Fl	33/6/ City, State and Zip Code			
	7 (City, State and Zip Code			
- Ew	aljacks	on Damail.co	en e		
E-ma	il address: (to	be used for future annual	report notification	1)	
For furth	er informati	ion concerning this ma	atter, please cal	11:	
Evon	al Jacks	ON	at (305	, 949	4700
	Name of Cor	ntact Person		and Daytime Tele	phone Number
Enclosed	is a check	for the following amo	unt:		
\$105.00) Filing Fees	\$113.75 Filing Fees and Certificate of Status	\$113,75 Fill and Certified C	Copy Certif	22.50 Filing Fees, Ted Copy, and Teate of Status
	ADDRES	<u>S:</u>		ILING ADDR	
	ion Section	tions	_	stration Section	
Clifton B	of Corporate	HOHS		sion of Corpora . Box 6327	IIIONS
	cutive Cen	ter Circle		hassee, FL 32	314

Tallahassee, FL 32301

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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:
Jackson G Son Construction LLC. Enter Name of Other Business Entity
Enter Name of Other Business Entity
2. The "Other Business Entity" is a //w/ted Liability (owpany) (Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Floridg (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-old, the name of the country)
on 4/19/1988
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:
7 70 10101
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of</u> Incorporation:
Enter Name of Florida Profit Corporation
Enter Name of Florida Profit Corporation
5. If not affective on the data of filing, enter the affective data.
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 28 day of October	. , 20 09 .
Required Signature for Florida Profit Corpora	ation:
Signature of Chairman, Vice Chairman, Director been selected, an Incorporator: Printed Name: Live Jackson Title	Officer, or, if Directors or Officers have not ack Sow
Required Signature(s) on behalf of Other Busine signature(s).]	ss Entity: [See below for required
Signature: Lyonal Jackson St. Printed Name: Evonal Jackson St.	DIN Title: <u>Fresiduat</u>
Signature: Enval July N Printed Name: Evova Jackson Je	
	Title: Secretary
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida General Partnership or Limited Liabi	
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabil Signatures of <u>ALL</u> General Partners.	lity Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	e.
All others: Signature of an authorized person.	·
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)

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:	
Jackson Masonny, Inc.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
30 NE 1465+ Miami, Fl 33161	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Provide Construction Services	
ARTICLE IV SHARES The number of shares of stock is:	
200	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): EUCVA(Jackson SR 30 NE 146 St Miami, Fl 33161 President EUCVA(Jackson JR 30 NE 146 St Miami, Fl 33161 V-President Vonne Jackson 30 NE 146 St Miami, Fl 33161 Secve tany ARTICLE VI REGISTERED AGENT	09 NOV -2 AM 10 42
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Everal Jackson 30 NE 146 St Hiami, Fl 33161	No. 10 A
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: EVENT Jackson 30 NE 1465+ Hi ami, F1 33161	

ENTIL MASSAW A - Evoval Jackson JK 10/29/2 Signature/Registered Agent Date Part of Sold on S	2009
Euro Jackson Evonal Jackson Se 10/28/200	09