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(A	ddress)		
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(C	ity/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(B	usiness Entity Name)		

(D	ocument Number)		
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11 SEP 12 PH 4: 52

DESCRIPTIONS

11 SEP 12 PH 1: 57

SECRETARY OF STATE CORPORATIONS

COVER LETTER

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le Construction Sun	nort Group	
		poration
ty" into a "Florida Pro	ofit Corporation" in acc	cordance with s. 607.1115, F.S.
	a thia mattanta.	
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Contact Person		S
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or the following amou	int:	
□\$113.75 Filing Fees	S113.75 Filing Fees	□\$122.50 Filing Fees,
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Status		Certificate of Status
C.	DALATE INICO	DDDECC.
	Name of Recate of Conversion, Arty" into a "Florida Protespondence concerning Contact Person Contact Person Address 2301 Sity, State and Zip Code Selected for future annual reconcerning this manual reconcerning this manual reconcerning the selected for the following amount of the following amount concerning the selected for the	Name of Resulting Florida Profit Corporation, Articles of Incorporation, ty" into a "Florida Profit Corporation" in acceptance concerning this matter to: Contact Person Uction Support Group Firm/Company Address 2301 Ity, State and Zip Code Decesor Com Deces

<u>STREET ADDRESS:</u>
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

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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.

l. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

	•
Pinnacle Construction Support Group, LLC	269
Enter Name of Other Business Entity	
2. The "Other Business Entity" is a limited liability company	
(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 Florida	
(Enter state, or if a non-U.S. entity, the name of the country)	
on November 7, 2007	
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 la	ws 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	on:
Pinnacle Construction Support Group, 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 documen	
filed by the Florida Department of State; AND 2) must be the same as the effective date lister	d in the
attached Articles of Incorporation, if an effective date is listed therein.)	

7. The Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently or incorporated.

The conversion is permitted by the applicable law(s) governing the other business entity and the onversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the

Signed	d this <u>12</u>	_day of September		, 20 <u>11</u> .	
Indivi	dual signing af	for Florida Profit Corporate firms that the facts stated in the as provided for in s.817.155,	nis document are	true. Any false info	ormation constitutes
Signat selecte Printe	ture of Chairma ed, an Incorpor d Name: Cory N	in, Vice Chairman/Directors ator:	Sfficet, or, if Dis	rectors or Officers h	ave not been
stated s.s.817.	in this docume 155, F.S. [See I	s) on behalf of Other Busines nt are true. Any false informa below for required signature(s).	tion constitutes		
Signation Printed	ure: I Name: Harold k	nowles	Title: Owner	MANAGENG NA	MBER
					_
Signati Printed	ure: I Name:		Title:		
Signati Printed	ure: I Name:		Title:		- <u>-</u>
Signati Printed	ure: l Name:	. an 100 an	Title:		
Signati Printed	ure:i Name:		Title:		
	rida General Pa ure of one Gene	artnership or Limited Liabili ral Partner.	ty Partnership:		
	rida Limited Pr ures of <u>ALL</u> Ge	artnership or Limited Liabili eneral Partners.	ty Limited Parti	nership <u>:</u>	
If Flor Signate	rida Limited Li ure of a Membe	ability Company: r or Authorized Representative	2 ,		
All oth Signat	ners: ure of an author	ized person.			
Fees:	Certificate of Fees for Flori Certified Cop Certificate of	da Articles of Incorporation: y:	\$35.00 \$70.00 \$8.75 (Options \$8.75 (Options		

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

ARTICLE I	NAME		
The name of the co	orporation shall be: Pinnacle C	onstruction Suppo	ort Group, Inc.
ARTICLE II	PRINCIPAL OFFICE	• •	·
ron = p	Principal street address	Mailing add	ress, if different is:
528 E. P			 `.
- I allanass	ee, FL 32301		
			3 92
ARTICLE III	<u>PURPOSE</u>		S 28 7
The purpose for w	which the corporation is organized is:		TO STATE
			~ G
Constru	ction management a	nd and any other la	awful busin ⊜ ssُ
		•	
ARTICLE IV	SHARES		· 6
The number of sha	ires of stock is: 100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRE	ECTORS	
Name and T	itle: Harold Knowles, CEO	Name and Title:	
Address:	3065 Highland Oaks Terrace	Address:	
	Tallahassee, FL 32301		
Name and T	it[e: Cory McFarlane, President	Name and Title:	
Address:	528 E. Park Ave.	Address:	
	Tallahassee, FL 32301		
Name and T	itle:	Name and Title:	
Address:		Address:	
11001000			
		Harold Knowles	
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT accept	table) of the registered agent is:	
Name:	Harold Knowles	idole) of the registered agent is.	
Address:	3065 Highland Oaks Terrace		
	Tallahassee, FL 32301		
ARTICLE VII	INCORPORATOR		
Name:	dress of the Incorporator is:		
Address:	528 E. Park Ave.		
, 1441 0557	Tallahassee, FL 32301	<u> </u>	
	ed as registered agent to accept service of		
this certificate, \ a	m familia r with a nd accept the appointme	it as registered agent and agree to act	in this capacity
1 4		9/12/2011	
			_
- Kequ	fred Signature/Registered Agent	Date	
I submit this docu	iment and affirm that the facts stated her	ein are true. I am aware that any fa	lse information submitted in a
document to the D	epartment of State constitutes a third degr	ee felony as provided for in s.817.155,	F.S.
1 6		0/40/004	
		9/12/2011	<u></u>
Kequi	ed Signature/Incorporator	Date	