P13000044819

·				
(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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4/23 W13-23756

COVER LETTER

Charter Section

Division of Corporations

SUBJECT: AlliANCE Building Material Supply, Inc. Name of Resulting Florida Profit Corporation				
The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.				
Please return all correspondence concerning this matter to:				
Susan GAINES Contact Person				
Alliance Building Material Supply Firm/Company				
421 Gold Medal Ct				
Long wood, FL 32750 City, State and Zip Code				
Susan a alliance building supply. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Susan baines at (407) 831-6329 Name of Contact Person Area Code and Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$105.00 Filing Fees and Certificate of Status \$\begin{array}{c} \precept{\$113.75 Filing Fees} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
STREET ADDRESS: Charter Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Charter Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314				



RECEIVED

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FLORIDA DEPARTMENT OF STATEMENT OF COMPONATIONS Division of Corporations

April 23, 2013

SUSAN GAINES 421 GOLD MEDAL CT LONGWOOD, FL 32750

SUBJECT: ALLIANCE BUILDING MATERIAL SUPPLY, INC.

Ref. Number: W13000023756

We have received your document for ALLIANCE BUILDING MATERIAL SUPPLY, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 313A00009756

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:
Alliance Building Material Supply, LLC Lia-5457 Enter Name of Other Business Edity
2. The "Other Business Entity" is a in ted liability company, limited partnership, general partnership, common law or business trust, etc.)
general partnership, common law or business trust, etc.) first organized, formed or incorporated under the laws of FOODA (Enter state, or if a non-U.S. entity, the name of the country)
on
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 <u>attached Articles of Incorporation:</u>
Alliance Building Material Supply, 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 10 day of April	, 20 <u>13</u> .
Required Signature for Florida Profit Corporati	on:
Signature of Chairman, Vice Chairman Director, been selected, an Incorporator: Printed Name: KIP KODEN Title:	Dicectoe
Required Signature(s) on behalf of Other Business signature(s).]	Entity: [See below for required
Signature: Printed Name: P. Tood: Tocaer Sen	_Title: _Managing Parmer
Signature: Printed Name: Print	Title: Managing Paraner
Signature: Printed Name: Tony Duncan Tv.	Title: Hanaging Paraner
Signature:Printed Name:	
Signature: Printed Name:	
Signature:Printed Name:	Title:
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	in the second se
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
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: Alliance Br	uilding Material Supply, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	, ,,
421 Gold Heda, Ct	Mailing address, if different is:
Longwood, FL 32750	
The purpose for which the corporation is organized is: Any and AL	L Lawful Bubiness
ARTICLE IV SHARES The number of shares of stock is:	ECTORS 25
OT 11 To co o a c PA	Name and Title:
Name and Title: P. Todd Jorgensen	Name and Title:
Address: 421 Gold Medal Ct Longwood, FL 32750	Address:
Name and Title: KIP D. BradeN	Name and Title:
Address: 421 60 ld Hedal Ct	Address:
Longwood, FL 32750	
Name and Title: Tony Duncan Jr.	Name and Title:
Address: 421606 Hedal Ct	Address:
Longwood, FL 32750	·
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accept	ptable) of the registered agent is:
Name: P. Todd Jorgensen	
Address: 421 Gold Hedal Ct	
Languaged, FL 3275D	

WKITCLE			
The <u>name a</u>	and address of the Incorporator is:		
Name:	KIP D. Braden		
Address:	421 Gold Medal Ct		
	Longwood, FL32750		
******	****	***	. 4. 4.
Having be	and agreed applicationed agent to account annion a	f manager - Con 4t - all	
designated	ep named as registered agent to accept service of	process for the above statea of	orporation at the place
capacite	in this ceptificate, I am familiar with and accept the	appointment as registerea agen	t ana agree to act in this
cupacity	- 11	·	
11	mesty	1	1 -
		41	14/2013
19	Required Signature/Registered Agent		Date
//	/	·	2
/I submit th	is document and affirm that the facts stated her	ein are true. I am aware tha	t any false information
submitted in	n a document to the Department of Stare constitutes	a third degree felony as provide	d for in \$817.155. F.S
		a sur a mag. de jeserry an provinc	
/		A	11 12
		<i>4)</i>	16/2013
	Beggined Signatus (Incorporator		Date

FILED

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SECRETARIZED STATE