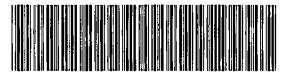
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| (Red | questor's Name) | |
|---------------------------|----------------------|--------|
| (Add | dress) | |
| (Add | dress) | |
| (City | //State/Zip/Phone #) | |
| PICK-UP | WAIT | MAIL |
| (Bus | siness Entity Name) | |
| (Dox | cument Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to F | Filing Officer; | |
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DIVISION OF CORPORATIONS

C RICO JAN 1 6 2020

COVER LETTER

| TO: New Filing Sec Division of Co | | | |
|---|---|--|--|
| SUBJECT: | JJG FRAM | ITNG TNA |) |
| | Name of | Resulting Florida Profit | Corporation |
| | of Conversion. Articles or rofit Corporation" in acc | | are submitted to convert the following eligible 33 & 607.0202. F.S. |
| Please return all corres | pondence concerning this | s matter to: | |
| 0 | 200e 2 Contact Person | · | |
| | Contact Person | | |
| _Outsourc | E Business Firm/Company | Solutions | L2C |
| 4798 S F | OPINA AV F | STE 170 | |
| <u>LAKELANO</u> | FL 33 813 City, State and Zip Code | | |
| OZ LOPEZ E-mail address: (| O HOTMAIL obe used for future annu | : COM ual report notification) | |
| For further information | concerning this matter, | please call: | |
| 02 Lope Name of Co | ontact Person | at (<u>963)</u> 6 Area Code and | <i>70 17 80</i> I Daytime Telephone Number |
| Enclosed is a check for | the following amount: | | |
| (D \$105.00 Filing Fees | □\$113.75 Filing Fees and Certificate of Status | □\$113.75 Filing Fees and Certified Copy | □\$122.50 Filing Fees, Certified Copy, and Certificate of Status |
| Mailing Addi | | | Address: |
| New Filing So Division of Co P.O. Box 632 | orporations | Divisio | Filing Section on of Corporations entre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202. Florida Statutes.

| 1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is: | | |
|---|-----------|------------------------|
| JJG FRAMING LLC | | |
| Enter Name of the Converting Entity | | |
| 2. The converting entity is a LLC LL6000 700 65 (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 | 20 JAN 16 | SIA10 |
| on 4-8-2016 | A | 로띭 |
| on 4-8-2016 Enter date "Converting Entity" was first organized, formed or incorporated. | 6 | - 유행· |
| 3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: JJG CONSTRUCTION LLC. | AM 11: 37 | OF STATE SEPCRATION |
| TTG CONSTRUCTION, LLC. Enter Name of Florida Profit Corporation | | v |
| 4. This conversion was approved by the eligible converting entity in accordance with this chapter and the current/organic jurisdiction. | laws of | its |
| 5. If not effective on the date of filing, enter the effective date: 1-1-2020 DR CURRENT | | |
| (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by | y the F | Torida |
| Department of State.) | | la . |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date listed as the document's affective date on the Donardson of State's records. | : whi no | n ne |
| listed as the document's effective date on the Department of State's records. | | |

| Signed this 10 day of JANUARY | . 20 20 |
|---|--|
| Required Signature for Florida Profit Corporation | <u>:</u> |
| Signature of Director, Officer, or, if Directors or Office | ers have not been selected, an Incorporator: |
| Juan Jalas | |
| Printed Name: JUAN SALAS Title: PR | |
| Printed Name: DURN SACA J Title: MR | (ESIDENT |
| Required Signature(s) on behalf of Converting Flor | rida partnerships, limited partnerships, and limited liability |
| <u>companies:</u> [See below for required signature(s).] | |
| Signature: Joan Jalas | |
| Signature: Juan Jalas Printed Name: Juan SALAS | Title: _MBR |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| If Florida General Partnership or Limited Liability Signature of one General Partner. | Partnership: |
| If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners. | Limited Partnership: |
| If Florida Limited Liability Company: Signature of a Member or Authorized Representative. | |
| All others: Signature of an authorized person. | |
| Fees: | |
| Articles of Conversion: Fees for Florida Articles of Incorporation: | \$35.00 \$70.00 |
| Certified Copy: Certificate of Status: | \$8.75 (Optional) \$8.75 (Optional) |

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| The name of the corporation shall be: | G CONSTRUCTION, INC. |
|--|-----------------------------------|
| ARTICLE II PRINCIPAL OFFICE | |
| The principal place of business/mailing address is | |
| Principal street address 3470 Holloway RO- | Mailing address, if different is: |
| PLANT CITY, FL. 33567 | SAME. |
| ARTICLE III PURPOSE The purpose for which the corporation is organi | |
| - ANY AND ALL | LAWFUL BUSINESS |
| | |
| | |
| | 20 JAN 1 6 |
| | JAW |
| | ي ع - ج |
| ARTICLE IV SHARES | 20 JAN 16 AM 11: 37 |
| The number of shares of stock is: | 00 : 3 } |
| ARTICLE V OFFICERS AND/OR DIRE | 4 , |
| Name and Title: JUAN SALAS PRO | SOBS Name and Title: |
| Address: 3470 Holloway RD. | |
| PLANT City, FL. 335 | |
| Name and Title: | Name and Title: |
| Address: | Address: |
| | |
| Name and Title: | Name and Title: |
| Address: | A difference |
| | . Kurcoe |
| | |

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

| ARTICL | E VI REGISTERED AGENT |
|----------------------------|--|
| The <u>name</u> | and Florida street address (P.O. Box NOT acceptable) of the registered agent is: |
| Name: | OUTSOURCE BUSINESS COLUTIONS, LLC. |
| Address: | 4798 S. FLORION AVE STE. 170 |
| | LAKELAND, FL. 33813 |
| | |
| ****** | ************************************** |
| Having be this certific | en named as registered agent to accept service of process for the above stated corporation at the place designated in cate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity |
| | |

Required Segnature/Registered Agent

1-10-2010 Date