L210002377711

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration As Ellin Office
Special Instructions to Filing Officer:

Office Use Only



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SLONDIANI DE STATE TALLABASSEE, FLORIDA

> D O'KEEFE MAY 22 2021

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W21-33227



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 11, 2021

JANET NAVA BANDERA BANDERA LAW FIRM, PA 1707 154TH STREET E BRADENTON, FL 34212

SUBJECT: HUNSAKER LLC Ref. Number: W21000033227 RECEIVED

2021 MAR 22 PM 4: 85

We have received your document for HUNSAKER LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 521A00005207

SEGNETARY (1 STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing S Division of O				
SUBJECT: HUNSA	•			
SUBJECT:	(Name of Re	sulting Florida Lin	nited Cor	mpany)
				nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all cor	respondence concernin	g this matter to	:	
JANET BANDERA				
	(Contact Person)			
BANDERA LAW FIRM	<u> </u>		 -	
	(Firm/Company)			
1707 154TH STREET	· <u> </u>		_	
	(Address)			
BRADENTON, FL 34	212			
	City, State and Zip Code)			
JBANDERA@BANDE	ERALAWFIRM.COM			
E-mail Address: (to	be used for future annual re	port notifications)		
For further informat	ion concerning this ma	tter, please call	:	
JANET BANDERA		at (314	691~	4386
(Name of Cont	act Person)	(Area Cod	e) (Day	4386 time Telephone Number)
	for the following amound a bank located in the		process	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co	_	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add				t Address:
New Filing S Division of C				Filing Section ion of Corporations
P.O. Box 632	•			Centre of Tallahassee
Tallahassee,	FL 32314		2415	N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045. Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: HUNSAKER LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
on 2/2/2/1. (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
HUNSAKER LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Department of State.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605 1006 and 605 1061-605 1072. F.S.

21 MAR 22 PM 7: 53
SLUREDAIN STATE

Signed this 19TH day of March	20 <u></u>	
Signature of Authorized Representative of Limi		
Signature of Authorized Representative: Printed Name: JANET BANDERA	M Davidac Title: ATTORNEY	-
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
Signature: Printed Name:	Title:	_ _
Signature:Printed Name:	Title:	_ _
Signature:Printed Name:		
Signature:		_
Printed Name:Signature:		
Signature: Printed Name:		
Signature:Printed Name:	Title:	<u>-</u>
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:	F 21 MAR 3 SECINETY MALLAHA
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	LED 22 M SSEE, FI
All others: Signature of an authorized person.		7: 53
Fees:	·	

Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

\$25.00 \$125.00

\$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

HUNSAKER LLC

The name of the Limited Liability Company is:

The mailing address and street address of the preprincipal Office Address:	rincipal office of the Limited Liability Company is: Mailing Address:	
4301 S. Flaningo Rd.	4301 S. Flauing, Rd.	
Ste 106 PMB	Ste 106 PMB	
Davie FL 33330	DAVIE FL 33330	
	d Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another	
(The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.) The name and the Florida street address of the I Janet Bandera 1707 154th Street Ea	Registered Agent. You must designate an individual or another registered agent are: Name Name	nt to

(CONTINUED)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager _ \	D. SCOT HUNSAKER
	21 K
	FIL LAHASS
	
	<u>—————————————————————————————————————</u>
(Use attachment if necessary)	
TICLE V: Effective date, if other than the offective date is listed, the date must after the date of filing.)	he date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 cale
TCLE VI: Other provisions, if any.	
DUIRED SIGNATURE:	Inthitumed
DUIRED SIGNATURE:	Signature of a member or an authorized representative
accordance with section 605,0205 (3), Florida S at the facts stated herein are true. I am aware tha	Signature of a member or an authorized representative Statutes, the execution of this document constitutes an affirmation under the penalties of perat any false information submitted in a document to the Department of State constitutes a theorem (February as provided for in s.817.155, F.S.)

Filing Fees:





John R. Ashcroft Secretary of State CORPORATION DIVISION CERTIFICATE OF CORPORATE RECORDS

Hunsaker LLC

LC1263891

I. John R. Ashcroft, Secretary of State of the State of Missouri and Keeper of the Great Seal thereof, do hereby certify that the annexed pages contain a full, true and complete copy of the original documents on file and of record in this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri.

Done at the City of Jefferson, the 02/02/2021

Secretary of State

Certification Number: CERT-IN55551

