

P19000010134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

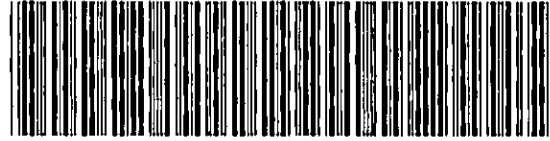
(Document Number)

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FALL APPEALS DIVISION

W19-3431



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 11, 2019

MICHAEL A HARRELL  
629 ALTAMIRA ST NW  
PALM BAY, FL 32907

SUBJECT: A & D HIVES INC  
Ref. Number: W19000003431

We have received your document for A & D HIVES 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Matthew T Moon  
Regulatory Specialist III

Letter Number: 119A00000838

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

L17 000005575

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

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.

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

A & D HIVES LLC

\_\_\_\_\_  
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 January 6, 2017  
\_\_\_\_\_  
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:

No Change

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

A & D Hives Inc

\_\_\_\_\_  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 01/01/2019  
**(The effective date: Cannot be prior to nor more than 90 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.

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Signed this 31 day of December, 2018.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: Michael A Harrell

Printed Name: Michael A Harrell Title: President

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: Michael A. Harrell

Printed Name: Michael A Harrell Title: President

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 Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of **ALL** 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:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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

**ARTICLE I NAME**

The name of the corporation shall be: A & D Hives Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address	Mailing address, if different is:
<u>629 Altamira Street NW</u>	<u>Same</u>
<u>Palm Bay</u>	<u></u>
<u>Florida, 32907</u>	<u></u>

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all legal business activities.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Michael A Harrell</u>	Name and Title: _____
Address: <u>629 Altamira Street NW</u>	Address: _____
<u>Palm Bay, FL 32907</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

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**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Michael A Harrell  
Address: 629 Altamira Street NW  
Palm Bay, FL 32907

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Michael A Harrell  
Address: 629 Altamira Street NW  
Palm Bay, FL 32907

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Michael A Harrell  
Required Signature/Registered Agent

12/31/2018  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Michael A Harrell  
Required Signature/Incorporator

12/31/2018  
Date

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