

L03000033150

(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:

Name	
Availability	
Document Examiner	DCC
Updater	DCC
Updater Verifier	DCC
Knowledge	DCC
Verifier	DCC

Office Use Only



700022256657

09/02/03--01057--021 **25.00

09/02/03--01057--020 **160.00

FILED
03 SEP -2 AM 8 00
SECRETARY OF STATE
TALLAHASSEE, FL 32301

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hawkins Heating & A/C L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David J Hawkins
(Name of Person)

Hawkins Heating & A/C L.L.C.
(Firm/Company)

215 12th Street
(Address)

St. Augustine Beach, Fl. 32080
(City/State and Zip Code)

For further information concerning this matter, please call:

David J Hawkins at (904) 471-1016
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

FILED
03 SEP -2 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF CONVERSION

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the attached articles of organization and this certificate of conversion to convert to a Florida limited liability company:


FIRST: The name of the unincorporated business immediately prior to filing this document was:
David J Hawkins DBA Hawkins Heating & A/C

SECOND: The date on which and the jurisdiction in which the unincorporated business was first created or otherwise came into being are:

- A. Date: 1/1/1991
- B. Jurisdiction: St. Johns County
- C. If different from the above noted jurisdiction, the jurisdiction immediately prior to its conversion: _____

THIRD: The name of the limited liability company as set forth in the attached articles of organization is:

Hawkins Heating & A/C L.L.C.



Signature of a Member, or an Authorized Representative of a Member
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

David J Hawkins

Typed or Printed Name of Signee

FILING FEES:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Filing Fee for Registered Agent Designation
\$ 25.00 Filing Fee for Certificate of Conversion
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

FILED
03 SEP -2 1 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **HAWKINS HEATING + A/C L.L.C.**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Hawkins Heating & A/C L.L.C.
1093 A1A Beach Blvd. PMB376
St. Augustine Beach, Fl. 32080

Mailing Address:

Hawkins Heating & A/C L.L.C.
1093 A1A Beach Blvd. PMB376,
St. Augustine Beach, Fl. 32080

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

David J Hawkins

Name

215 12th Street

Florida street address (P.O. Box **NOT** acceptable)

St. Augustine Beach, FL 32080

City, State, and Zip

FILED
03 SEP - 2 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 608, F.S.

David J. Hawkins

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

David J Hawkins

215 12th Street

St. Augustine Beach, Fl. 32080

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

David J. Hawkins

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DAVID J. HAWKINS

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

03 SEP -2 AM 8:00

7-10