

L08000111942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

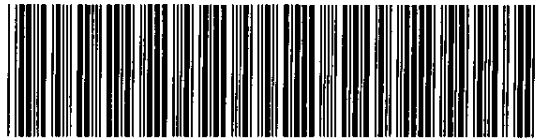
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/05/08--01025--022 **185.00

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**2008 DEC -5 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

C. LEWIS

DEC 08 2008

EXAMINER

HTD CIGS VENDING

December 1, 2008

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Ref: HTD CIGS VENDING

To Whom It May Concern:

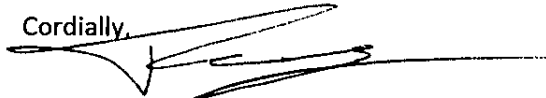
Enclosed you will find the Following:

- 1.) Certificate of Conversion (for Other Business Entity into Florida Limited Liability Company).
- 2.) Articles of Organization for Florida Limited Liability Company.
- 3.) Check #141, in the amount of \$185.00; which covers the filing fees listed below:

a.) Certificate of Conversion	\$ 25.00
b.) Filing Fee for Articles of Organization	\$ 125.00
c.) Certified Copy	\$ 30.00
d.) Certificate of Status	\$ 5.00

Please process necessary paperwork, in order to change, the above referenced from Sole Proprietorship to a Limited Liability Company. Please do not hesitate to contact us if anything further is required or you have any questions. Our contact information is listed below.

Cordially,



Anthony Chehalber
HTD CIGS VENDING
295 Alpine Court
Palm Harbor, FL 34683
(813)810-0988

Mailing address:
HTD CIGS VENDING
P.O. Box 1012
Dunedin, FL 34697

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HTD C/BS VENDING LLC
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

Anthony Chehaider
(Contact Person)

HTD C/BS VENDING
(Firm/Company)

295 ALPINE COURT
(Address)

PRIM HARBOR, FL 34683
(City, State and Zip Code)

MAILING ADDRESS:
P.O. BOX 1012
DUVALL, FL
34697

For further information concerning this matter, please call:

ANTHONY C. CHEHAIDER at (813) 810-0988
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☒ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

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2008 DEC -5 PM 2: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Certificate of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.608.439, Florida Statutes.

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

HTD CIGS VENDING
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a SOLE PROPRIETORSHIP
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, 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 July 2nd 2003
(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:

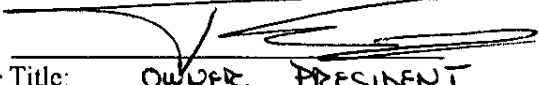
4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

HTD CIGS VENDING, LLC
(Enter Name of Florida Limited Liability Company)

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 Organization, if an effective date is listed therein.)

Signed this 1 day of DECEMBER 2008

Signature of Member or Authorized Representative of Limited Liability Company:

Signature of Member or Authorized Representative: 

Printed Name: ANTHONY C. CHEHAIBER Title: OWNER, PRESIDENT

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

Signature: Kostantina Chehaiber

Printed Name: KOSTANTINA CHEHAIBER Title: VICE PRESIDENT

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

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.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2008 DEC -5 PM 2:38

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HTB CIGS VENDING, L.L.C.

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

295 ALPINE COURT
PALM HARBOR, FL
34683

P.O. BOX 1012
DUNEDIN, FL
34697

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

Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ANTHONY C. CHEHAIBER
Name
295 ALPINE COURT
Florida street address (P.O. Box **NOT** acceptable)
PALM HARBOR FL 34683
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

ANTHONY C. CHEHAIDER
295 ALPINE COURT
ANN HARBOR, FL 34683

MGR

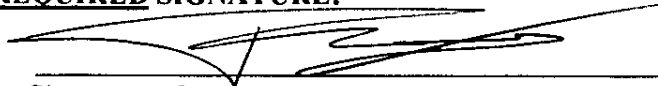
KOSTANTINA L. CHEHAIDER
295 ALPINE COURT
P. HARBOR, FL 34683

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____
(OPTIONAL)

(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 Certificate of Conversion, if an effective date is listed therein.)

REQUIRED SIGNATURE:



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.)

ANTHONY C. CHEHAIDER
Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)