# 6090000/3919

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	<del>&gt;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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EXAMINER

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SECRETARY OF STATE
TALL AHASSEF FINANT

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: HXW Electric 11C
(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:
Carvell McWilliam (Contact Person)
(Firm/Company)  1402 B Cap. tal Curcle NE  (Address)
(City, State and Zip Code)
For further information concerning this matter, please call:  (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 & Status of Organization)  \$\int \frac{1}{3}\frac{150.00}{3}\frac{1100}{3}\frac{1}{3}\frac{180.00}{3}\frac{1100}{3}\frac{1}{3}\frac{180.00}{3}\frac{1100}{3}\frac{1}{3}\frac{185.00}{3}\frac{1100}{3}\frac{1}{3}\frac{185.00}{3}\frac{1100}{3}\frac{1}
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

This Certificate 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.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: Flectric 60 0539 00155	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
first organized, formed or incorporated under the laws of <u>Flori</u> (Enter state, or if a non-U.S. entity, the name of the country)	
on 2-22-01	
(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:	
HAW Flectric 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 of the effective date listed in the attached Articles of Organization, if an effective date is determined.	
Page 1 of 2	

Signed this day of	20 <u>09</u> .	
Signature of Member or Authorized Representa	ative of Limited Liability Company:	<b>.</b>
Signature of Member or Authorized Representative Printed Name: Lavel Memi liaw	E: Carvell Mc Miller Title: Mg rm	<b>-</b>
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).	
Signature: Caruell McM Chi. Printed Name:	Tr'-1	
		•
Signature:Printed Name:	Title:	
Signature: Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature: Printed Name:		
Printed Name:	Title:	
Signature: Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Indiana.		
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:	·
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.	TALLA	a FEB
Fees:	HASS	
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	PH 3: 28

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "Limited Liability Company, "L.L.C.," or "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:
1402B Capital Cicle NE Same
(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:
Carvell Mc Millian
Name
Cancell McMillian  Name  1402 B Capital Citate NE,  Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box <u>NOT</u> acceptable)
Telchagger FL 32308
City, State, and Zip
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)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Marku	Carvell McMillian 1402B Capital Chucle N.E.
·	
••	the date of filing: (OPTIONA
ffective date is listed, the date mu days after the date of filing.)	n the date of filing: (OPTIONA est be specific and cannot be more than five business days
LE V: Effective date, if other than flective date is listed, the date mudays after the date of filing.)  REQUIRED SIGNATURE:	est be specific and cannot be more than five business days
LE V: Effective date, if other than fective date is listed, the date mu days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a me of this document of this document of this document of the state of th	ist be specific and cannot be more than five business days