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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
		
Special Instructions to F	iling Officer:	,



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04/13/09--01023--017 **185.00

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SECRETARY OF STATE
SECRETARY OF

Office Use Only

STEPHEN L. SEFTENBERG, ESQ.

2765 White Wing Lane West Palm Beach, FL 33409

Telephone: (561) 688-5457 Facsimile: (561) 478-1346

TO: Re	egistration S	Section		
D	ivision of C	orporations		
SUBJEC'	Γ:	HYSSOP LLC		
	(Name of Resulting Flo	orida Limited Liability	Company)
				nd fees are submitted to convert any" in accordance with s. 608-
Please ret	urn all corre	espondence concerning	this matter to:	
2765 Whi West Palr	Seftenber ite Wing La n Beach, FI er information	ne	ter, please call:	
Stephen I	Seftenber	g, Esq.	at (561) 688-	5457 / 689-7785
	Contact Pers			nd Daytime Telephone Number
Enclosed	is a check f	or the following amou	nt:	
[] \$150.0 (\$25 for Co & \$125 for	nversion	[_] \$155.00 Filing Fees and Certificate of Status		[_X_] \$185.00 Filing Fees, Certified Copy, and Certificate of Status of Organization
Stephen I Enclosure	Seffender Seffenber	sere		



April 14, 2009

STEPHEN L. SEFTENBERG, ESQ. 2765 WHITE WING LANE WEST PALM BEACH, FL 33409

SUBJECT: HYSSOP LLC Ref. Number: W09000017465

We have received your document for HYSSOP LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 109A00012525

Certificate of Conversion For "Other Business Entity" Into

09 APR 22 AM 10: 17

SECRETARY OF STATE TALLAHASSEE FLORIDA

Florida Limited Liability Company

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.

The name of the "Other Business Entity" immediately prior to the filing of this Certificate of

Conversion is:
HYSSOP LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>limited liability company</u> (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 <u>Illinois</u> (Enter state, or if a non-U.S. entity, the name of the country)
on March 19, 2004
(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 law of which it is now organized, formed or incorporated:
N/A
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

HYSSOP LLC

1.

(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: <u>Date of filing</u> (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; <u>AND</u> 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 _	day of	, 20 <u>09</u>
Signature	of Member or Authorized Represent	ative of Limited Liability Company:
Signature of M Printed Name	Member or Authorized Representativ : Loseph D Indah Title STEPHEN L. SEPTENBERG	c: X Stephen L Seftenber E: Managor Member Authorsed Representative
Signature(s) o	on behalf of Other Business Entity: [S	See below for required signature(s).
Signature: X	Joseph Dudot	h
Printed Name	Joseph D. Judah	Title: Manager/Member
Printed Name		Title:
Signature:		
Printed Name	*	Title:
Signature:		
Printed Name	·	Title:
Signature:		
		(Use attachment if necessary)
	<u>poration:</u> Chairman, Vice Chairman, Director, r Officers have not been selected, an	
	neral Partnership or Limited Liability one General Partner.	Partnership:
	nited Partnership or Limited Liability ALL General Partners.	Limited Partnership:
All others: Signature of a	ın authorized person.	
Fees:		
Fees fo Certifi	cate of Conversion: or Florida Articles of Organization: ed Copy: cate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
HYSSOP LLC Must end with the words "Limited Liability Comp" LLC.")	any, the abbreviation "L.L.C.," or	the designation
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liabili	ty Company is:
Principal Office Address:	<u>Mailing</u>	Address:
11 West Cypress Terrace Key Haven Key West, FL 33040	11 West Cypress Terrace Key Haven Key West, FL 33040	
ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot ser designate an individual or another business	ve as its own Registered Agent. Y	You must
The name and the Florida street address of the reg	gistered agent are:	
loseph D. Judah Name		
11. W. Cypress Terrace, Key Haven Florida street address (P. O. Box NOT acceptable)	
Cey West, FL 33040 City, State and ZIP		
Having been named as registered agent and to acceptate agent and agree to act in this capacity. I statutes relating to the proper and complete performance the obligations of my position as registered by Joseph D. Judah	certificate, I hereby accept the a further agree to comply with the p rmance of my duties, and I am far	appointment as provisions of all miliar with and
Registered Agent's Signature (REQUIRED)		

(CONTINUED)

ARTICLE IV- Manager(s) or The name and address of each	Managing Member(s): Manager or Managing Member is as follows:			
Title: "MOR" Manager "MGRM" = Managing Memb	Name and Address:			
MOR/MGRM	Joseph D. Judah, 11 West Cypress Terrace, Key West, FL 33040			
MOR/MGRM MOR/MGRM MOR/MGRM	Mark Telpner 2801 Lakeside Drive, 3rd Floor, Bannockburn, IL 600)15		
MOR/MGRM	Renee M. Reicher, DPM 1529 Baytree Drive, Romeoville, IL 60446			
	(Use attachment if necessary)			
ARTICLE V: Effective date,	if other than the date of filing: Date of filing (OPTIONAL)		•	
by the Florida Department of	be prior to nor more than 90 days after the date this doc f State; AND 2) must be the same as the effective date rsion, if an effective date is listed therein.)	e listec	d in th	ne
(In accordance with section 66 an affirmation under the pena	Signature of a member or an authorized representative 08.408(3), Florida Statutes, the execution of this docum alties of perjury that the facts stated herein are true.)			
Filing Fees:	Joseph D. Judah Typed or printed name of signer			
\$125.00 Filing Fee for Article \$ 30.00 Certified Copy (Option \$ 5.00 Certificate of Status (Control of Status)	·	SECRETARY	09 APR 22	G THE STATE OF THE
	Page 2 of 2	OF STATE E FLORIDA	AM 10: 17	