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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE

T. HAMPTON

DEC - 8 2009

EXAMINER

COVER LETTER

Florida Limited Company)
	, and fees are submitted to lity Company" in
g this matter to:	

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port notifications)	
at (305) 509-	1760
	aytime Telephone Number)
nt:	
□\$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Registration Division of C P. O. Box 63	Section Corporations 27
	port notifications) tter, please call: _at (305)509- (Area Code and Dont:

Certificate of Conversion

For

"Other Business Entity"

Into

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.

	(Enter Name of Other Business Entity)
2. The	"Other Business Entity" is a Corporation LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
first or	ganized, formed or incorporated under the laws of Delaware
	(Enter state, or if a non-U.S. entity, the name of the country)
on Janu	uary 21 2009
(En	ter date "Other Business Entity" was first organized, formed or incorporated
	he jurisdiction of the "Other Business Entity" was changed, the state or country the laws of which it is now organized, formed or incorporated:
	Florida.
	e name of the Florida Limited Liability Company as set forth in the attached es of Organization:
HitemH	Hard Charters LLC
	(Enter Name of Florida Limited Liability Company)
(The e docum effecti	ot effective on the date of filing, enter the effective date: effective date: 1) cannot be prior to nor more than 90 days after the date this nent is filed by the Florida Department of State; AND 2) must be the same as twe date listed in the attached Articles of Organization, if an effective date is therein.)

Page 1 of 2

	' ,			
Signed this 4	_ day of December	20_ 09		
Signature of Member	er or Authorized Repre	sentative of Limited Liabil	lity Company:	
			- 1	
Signature of Member	r or Authorized Represen	tative: Juholas	Schneiden	
Printed Name: Nichola	s Schneider	Title: Owner	<u> </u>	
Timed Name:		Title. Owner		
		itv: See below for required	• ,,,	
Signature:	July Schne	ides		
Printed Name: Nicho	las Schneider	Title:		
rillited Name	nas Benneider	nue:		
~.				
Signature:		Title:		
Printed Name:		Title:		
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Signature:				
Printed Name:		Title:		
Timed Name		11dc		
C'				
Signature:				
Printed Name:		Title:		
Signature:				
Printed Name:		Title:		
Signature:				
Printed Name:		Title:		
THREE Name.	· · · · · · · · · · · · · · · · · · ·	Title		
If Florida Corporation				
	n, Vice Chairman, Directo			
If Directors or Officer	s have not been selected, a	an Incorporator must sign.		
If Florida General Pa	artnership or Limited Li	ability Partnershin:		
Signature of one Gene		ability I are account.		
Signature of one dene	hair artifer.			

		ability Limited Partnership	<u>):</u>	
Signatures of ALL Ge	eneral Partners.			
All others:				
Signature of an authorized person.				
O	person			
Food				
Fees:				

Certificate of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

\$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:					
HitemHard Charters LLC (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 Liability Company is:	the principal office of the Limited				
Principal Office Address:	Mailing Address:				
1123 Caribbean Dr. E					
Summerland key fl 33042					
ARTICLE III - Registered Agent, Regi Signature: (The Limited Liability Company cannot serve as its ow individual or another business entity with an active Florida registration.)					
The name and the Florida street address of	of the registered agent are:				
Nicholas	Schneider				
	Name				
1123 COLIDA	s (P.O. Box NOT acceptable)				
riorida sireet address	(F.O. Box 1101 acceptable)				
Summer lar	nd FL 33042				
City	y, 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)

(CONTINUED) Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Nicholds Schneider 1123 Caribbean Dr. E Summoriand Key FL 33042
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the	(OPTIONAL)
locument is filed by the Florida Departm	nor more than 90 days after the date this nent of State; <u>AND</u> 2) must be the same as Certificate of Conversion, if an effective
REQUIRED SIGNATURE:	۴,

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.)

Nicholas Schneider
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)

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