

| (Requestor's Name)                      |
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|   |
| (Address)                               |
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| (Address)                               |
| ( idailoss)                             |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (B)                                     |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
| ·                                       |
|   |
| Special Instructions to Filing Officer: |
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Office Use Only

G. MCLEOD

APR 12 2010

**EXAMINER** 



500173362285

04/07/10--01012--003 \*\*180.00

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |  |
|---|--|
| SUBJECT: Hometown Group, LLC  |  |
| (Name of R  | esulting Florida Limited Company)  |
|   | ion, Articles of Organization, and fees are submitted to into a "Florida Limited Liability Company" in |
| Please return all correspondence con  | icerning this matter to:   |
| Watson M. Horner  |  |
| (Contact Persor   | 1)   |
| Hometown Group, LLC   |  |
| (Firm/Company   | 0  |
| P O Box 622.  |  |
| (Address)   | · ·  |
| Englewood, Florida 34295  |  |
| (City, State and Zip  | Code)  |
| CDTHorner@gmail.com   | ,  |
| E-mail Address: (to be used for future a  | nnual report notifications)  |
| For further information concerning t  | his matter, please call:   |
| Watson M. Horner  | at (207 ) 653 5329   |
| (Name of Contact Person)  | (Area Code and Daytime Telephone Number)   |
| Enclosed is a check for the following   | g amount:  |
| \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization)  \$\square{2}\$155.00 Filing<br>and Certificate of<br>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

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.

| (Enter Name of Other Business Entity)  |             |
|--|-------------|
| 2. The "Other Business Entity" is a Corporation  |             |
| (Enter entity type. Example: corporation, limited partnersl 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 April 6, 2006   | 3           |
| (Enter date "Other Business Entity" was first organized, formed or in  | corporated) |
| 3. If the jurisdiction of the "Other Business Entity" was changed, the state of under the laws of which it is now organized, formed or incorporated: | <del></del> |
| N/A  |             |
| 4. The name of the Florida Limited Liability Company as set forth in the att   | tached      |
| Hometown Group, LLC  |             |
| (Enter Name of Florida Limited Liability Company)  |             |
|  |             |
| 5. If not effective on the date of filing, enter the effective date:   | ·           |

| Signed this 30th day of March  |                                     |
|--|-------------------------------------|
| Signature of Member or Authorized Representa                                 | ative of Limited Liability Company: |
| Signature of Member or Authorized Representativ                              | e:                                  |
| Printed Name: Watson M. Horner   | Title: Manager                      |
| Signature(s) on behalf of Other Business Entity: Signature: Wataan M. Harven |                                     |
| Printed Name: Watson M. Horner   | Title: Manager/Managing Member      |
| <u> </u>   | Title.                              |
| Signature: Ana B Horn  |                                     |
| Printed Name: Irene B. Horner  | Title: Managing Member              |
| Signature:   |                                     |
| Printed Name:  | Title:                              |
|  |                                     |
| Signature:Printed Name:  | m'd.                                |
| Printed Name:  | 1 itie:                             |
| Signature:   |                                     |
| Signature:Printed Name:  | Title:                              |
| Giamahana.   |                                     |
| Signature:Printed Name:  | Title                               |
| Timed Name.  | 1 ttic.                             |
| If Florida Corporation:  |                                     |
| Signature of Chairman, Vice Chairman, Director, or                           |                                     |
| If Directors or Officers have not been selected, an In                       | corporator must sign.               |
| If Florida General Partnership or Limited Liabili                            | ty Partnershin                      |
| Signature of one General Partner.  | ty raturessup.                      |
| _  |                                     |
| If Florida Limited Partnership or Limited Liabili                            | ty Limited Partnership:             |
| Signatures of ALL General Partners.  |                                     |
| All others:  |                                     |
| Signature of an authorized person.   |                                     |
| <u>Fees:</u>   |                                     |
| Certificate of Conversion:   | \$25.00                             |
| Fees for Florida Articles of Organization:                                   | \$125.00                            |
| Certified Copy:  | \$30.00 (Optional)                  |
| Certificate of Status:   | \$5.00 (Optional)                   |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

| Hometown Grou<br>(Must end with the v<br>"LLC.")                                   | vords "Limited Liability Comp  | any," the abbreviation "L.L.C.," or the designation  |
|--|--|--|
| ARTICLE II -   | Address:   |  |
| The mailing ad   | dress and street address   | of the principal office of the Limited   |
| Liability Comp   | any is:  | •  |
| Principal Offic  | ce Address:  | Mailing Address:   |
| 5047 Jamacia Circ  | ile  | P O Box 622  |
| Orlando, Florida 3   | 2808   | Englewood, Florida 34295   |
| Signature:<br>(The Limited Liabili<br>individual or anothe<br>business entity with | ity Company cannot serve as its<br>r<br>n an active Florida registration.  |  |
| Signature:<br>(The Limited Liabili<br>individual or anothe<br>business entity with | ity Company cannot serve as its<br>r<br>n an active Florida registration.  | own Registered Agent. You must designate an  |
| Signature:<br>(The Limited Liabili<br>individual or anothe<br>business entity with | ity Company cannot serve as its r han active Florida registration. the Florida street address 1. Carter Moore  | own Registered Agent. You must designate an  |
| Signature:<br>(The Limited Liabili<br>individual or anothe<br>business entity with | ity Company cannot serve as its r han active Florida registration. the Florida street address  1. Carter Moore  5047 Jamacia Circle                              | s own Registered Agent. You must designate an ses of the registered agent are:  Name                                     |
| Signature:<br>(The Limited Liabili<br>individual or anothe<br>business entity with | ity Company cannot serve as its r han active Florida registration. the Florida street address  1. Carter Moore  5047 Jamacia Circle                              | own Registered Agent. You must designate an ses of the registered agent are:  Name  Name  Pess (P.O. Box NOT acceptable) |
| Signature:<br>(The Limited Liabili<br>individual or anothe<br>business entity with | ty Company cannot serve as its r an active Florida registration. the Florida street address  1. Carter Moore  5047 Jamacia Circle Florida street address Orlando | s own Registered Agent. You must designate an ses of the registered agent are:  Name                                     |

(CONTINUED)
Page 1 of 2

Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

|  | Name and Address:  |
|--|--|
| "MGR" = Manager "MGRM" = Managing Member   |  |
| -  |  |
| MGR/MGRM   | Watson M. Horner   |
|  | P O Box 622  |
|  | Englewood, Florida 34295   |
| MGRM   | Irene B. Homer   |
|  | P O Box 622  |
|  | Englewood, Florida 34295   |
|  |  |
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|  |  |
|  |  |
|  |  |
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|  |  |
|  | (Use attachment if necessary)  |
| T.E.V. Effective date if other than th   | •  |
| CLE V: Effective date, if other than the   | •  |
| fective date: 1) cannot be prior to  | ne date of filing:(OPTIONAL) nor more than 90 days after the date th   |
| ent is filed by the Florida Departm  | ne date of filing:<br>(OPTIONAL)<br>nor more than 90 days after the date th<br>ent of State; <u>AND</u> 2) must be the same a  |
| ffective date: 1) cannot be prior to ent is filed by the Florida Departm ective date listed in the attached (  | ne date of filing:(OPTIONAL) nor more than 90 days after the date th   |
| Sective date: 1) cannot be prior to ent is filed by the Florida Departmective date listed in the attached (  | ne date of filing:<br>(OPTIONAL)<br>nor more than 90 days after the date th<br>ent of State; <u>AND</u> 2) must be the same a  |
| Sective date: 1) cannot be prior to ent is filed by the Florida Departmective date listed in the attached (  | ne date of filing:<br>(OPTIONAL)<br>nor more than 90 days after the date th<br>ent of State; <u>AND</u> 2) must be the same a  |
| Tective date: 1) cannot be prior to ent is filed by the Florida Departm ective date listed in the attached (listed therein.)   | ne date of filing:<br>(OPTIONAL)<br>nor more than 90 days after the date th<br>ent of State; <u>AND</u> 2) must be the same a  |
| Tective date: 1) cannot be prior to ent is filed by the Florida Departmective date listed in the attached listed therein.)  REQUIRED SIGNATURE:  | ne date of filing:(OPTIONAL) nor more than 90 days after the date the ent of State; AND 2) must be the same a Certificate of Conversion, if an effective   |
| ffective date: 1) cannot be prior to ent is filed by the Florida Departmentive date listed in the attached disted therein.)  REQUIRED SIGNATURE:   | ne date of filing:(OPTIONAL) nor more than 90 days after the date the ent of State; AND 2) must be the same a  |
| ffective date: 1) cannot be prior to ent is filed by the Florida Departm ective date listed in the attached listed therein.)  REQUIRED SIGNATURE:  Signature of a member or an action of the state of th | ne date of filing:  (OPTIONAL)  nor more than 90 days after the date the lent of State; AND 2) must be the same a Certificate of Conversion, if an effective and the conversion of the conversion of the certificate of of the certific |
| ffective date: 1) cannot be prior to ent is filed by the Florida Departmentive date listed in the attached disted therein.)  REQUIRED SIGNATURE:  Signature of a member or an accordance with section 608 of this document constitutes an a  | ne date of filing:(OPTIONAL) nor more than 90 days after the date the ent of State; AND 2) must be the same a Certificate of Conversion, if an effective   |
| ffective date: 1) cannot be prior to ent is filed by the Florida Departmentive date listed in the attached disted therein.)  REQUIRED SIGNATURE:  Signature of a member or an accordance with section 608 of this document constitutes an a  | (OPTIONAL) nor more than 90 days after the date the lent of State; AND 2) must be the same a Certificate of Conversion, if an effective uthorized representative of a member.  8.408(3), Florida Statutes, the execution affirmation under the penalties of perjury  |
| Tective date: 1) cannot be prior to ent is filed by the Florida Departmentive date listed in the attached disted therein.)  REQUIRED SIGNATURE:  Signature of a member or an author of this document constitutes an a that the facts s  Watson M. Homer  | (OPTIONAL) nor more than 90 days after the date the lent of State; AND 2) must be the same a Certificate of Conversion, if an effective uthorized representative of a member.  8.408(3), Florida Statutes, the execution affirmation under the penalties of perjury  |
| Tective date: 1) cannot be prior to ent is filed by the Florida Departmentive date listed in the attached disted therein.)  REQUIRED SIGNATURE:  Signature of a member or an author of this document constitutes an a that the facts s  Watson M. Homer  | (OPTIONAL) nor more than 90 days after the date the ent of State; AND 2) must be the same a Certificate of Conversion, if an effective uthorized representative of a member.  3.408(3), Florida Statutes, the execution affirmation under the penalties of perjury stated herein are true.)  |

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)
  Page 2 of 2