# 11000117220

(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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09/27/11--01007--025 \*\*155.00

SECHETARY OF STATE TALLAHASSEE, FLORIDA

T. HAMPTON

EXAMINER

OCT 1 8 2011

# **COVER LETTER**

TO:	Registration O	on Section  f Corporations		
SUB	<sub>JECT:</sub> HA	RCH CAPITAL MA	ANAGEMENT, LI	LC
	<del>,</del>	(Name o	of Resulting Florida Limit	ted Company)
				ion, and fees are submitted to convert an npany" in accordance with s. 608.439, F.S.
Pleas	e return all c	orrespondence concerr	ning this matter to:	
Crai	g M. Oberw	veger, Esq.		
		(Contact Person)		
Schv	vartz Lewis	& Assoc		
		(Firm/Company)		
2000	) Glades Rd	I. Ste 208		
		(Address)		
Boc	a Raton, F	lorida 33431		
	<u> </u>	(City, State and Zip Cod	e)	
craig	@schwart	zlewis.com		
E-mai	l address: (to be	used for future annual rep	ort notifications)	
For fi	urther inform	ation concerning this r	natter, please call:	
Craiç	g M. Oberweg	ger, Esq.	at ( <sup>561</sup> )	391-9943
	(Name of Co	ontact Person)		nd Daytime Telephone Number)
Enclo	sed is a chec	k for the following am	ount:	
□(\$25 fo & \$12	00 Filing Fees or Conversion 5 for Articles (anization)	\$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
STRI	EET ADDRI	ESS:	MAILIN	G ADDRESS:
Regis	stration Section	o <b>n</b>		ion Section
	ion of Corpo	rations	Division P. O. Box	of Corporations
	on Building Executive Co	enter Circle		see. FL 32314

Tallahassee, FL 32301



Philip L. Schwartz, Esq. phil@swo-law.com Craig M. Oberweger, Esq. craigo@swo-law.com Gary L. White, Esq. gary@swo-law.com Wendy A. Hausmann, Esq. wendy@swo-law.com

October 10, 2011

Tammy Hampton Regulatory Specialist II Registration/Qualification Section Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Harch Capital Management, LLC,

Dear Ms. Hampton:

Enclosed please find a copy of the receipt evidencing payment for the reinstatement fee, and the original Certificate of Conversion for Harch Capital Management, LLC.

Please apply the funds held by Florida Department of State, Division of Corporations to Harch Capital Management, LLC for this filing.

Should you have any question, please do not hesitate to call me

I am sincerely

Craig M. Oberweger

CMO/lrc



# FLORIDA DEPARTMENT OF STATE Division of Corporations

#### RECEIVED

11 OCT 12 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

September 28, 2011

CRAIG M OBERWEGER, ESQ SCHWARTZ LEWIS & ASSOC 2000 GLADES RD - STE 208 BOCA RATON, FL 33431

SUBJECT: HARCH CAPITAL MANAGEMENT, LLC

Ref. Number: M06000003068

We have received your document for HARCH CAPITAL MANAGEMENT, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The converting Florida entity must be active on our records.

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file an annual report with our office. Therefore, the document you submitted cannot be filed until the entity is reinstated on our records. The required reinstatement application, which takes the place of the annual report(s) due, must be submitted online at www.sunbiz.org. Simply click on the blue box entitled "File A Reinstatement Here!," which is located in the middle of our home page.

Once the reinstatement is submitted online, our system will allow you to choose one of three payment options. The three payment options are: 1. online by credit card; 2. online by pre-established Sunbiz E-File account; or 3. by mail with a check or money order. To pay online using a credit card, simply select the credit card option and enter your credit card information. Business entities with pre-established Sunbiz E-File accounts may choose the Sunbiz E-File account option. Entities paying by check or money order must select the check payment option, print the required payment voucher, and mail the check payment voucher with a check or money order made payable to the Florida Department of State for the total amount due.

If you choose to pay the required reinstatement fee(s) online using a credit card or Sunbiz E-File account, please contact me when the reinstatement filing has posted. If you choose to pay the required fee(s) by check or money order, please mail the check payment voucher and check or money order to my attention.

The Certificate of Conversion must state the effective date of the conversion. The effective date cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date of the conversion under the laws governing the other business entity.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 011A00022381

#### **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 Certif	icate of		
Conversion is:			
HARCH CAPITAL MANAGEMENT, LLC			
(Enter Name of Other Business Entity)	TAGE	2011 SEP 27	
2. The "Other Business Entity" is a LLC	. <b></b> .	S	
(Enter entity type. Example: corporation, limited partnership,	Ŧ.	' <del>-0</del>	
general partnership, common law or business trust, etc.)	SS	27	FILED
	Ä,	739	11
first organized, formed or incorporated under the laws of <u>Delaware</u>	_ ' ' ' ' '	<u>=</u>	0
(Enter state, or if a non-U.S. entity, the name of the country)	STAI	AH 11: 04	
on 06/02/2006	OA A	<i>i</i> +	
(Enter date "Other Business Entity" was first organized, formed or incorp	orated	)	
<ul> <li>3. If the jurisdiction of the "Other Business Entity" was changed, the state or country unwhich it is now organized, formed or incorporated:  N/A  4. The name of the Florida Limited Liability Company as set forth in the attached ArticOrganization:</li> </ul>			
HARCH CAPITAL MANAGEMENT, LLC	_		
(Enter Name of Florida Limited Liability Company)			
5. If not effective on the date of filing, enter the effective date: 1) cannot be prior to nor more than 90 days after the date this filed by the Florida Department of State; AND 2) must be the same as the effective attached Articles of Organization, if an effective date is listed therein.)		ent is	·
6. The conversion is permitted by the applicable law(s) governing the other business enticonversion complies with such law(s) and the requirements of s.608.439, F.S., in effective	-		sion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this 23 day of Septemb	er_20	
Signature of Member or Authorized Rep Individual signing affirms that the facts sta constitutes a third degree felony as provide	ated in this document are true.	
Signature of Member or Authorized Representational Name: Craig M. Oberweger, Esq.	entative:	
Printed Name: Craig M. Oberweger, Esq	Title: Authorized Rep.	6
Signature(s) on behalf of Other Business E this document are true. Any false informat s.817.155, F.S. [See below for required sign	ntity: Individual(s) signing affi ion constitutes a third degree f ature(s).]	elony as provided for in
Signature:		<u> </u>
Signature: Printed Name: Craig M. Oberweger. Eso	Tiple: Authorized Rep.	<del>-</del>
·		
Signature:Printed Name:	Title	<del> </del>
Frinted Name.	Title.	
Signature:	2000000	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Tido	
Printed Name:	i ide;	<del></del>
Signature:		
Printed Name:	Title:	
Signature:Printed Name:	Title	<del></del>
Printed Name:	i ide.	
If Florida Corporation: Signature of Chairman, Vice Chairman, Directly If Directors or Officers have not been selected.  If Florida General Partnership or Limited.	d, an Incorporator must sign.	
Signature of one General Partner.	Liability 1 at thersing.	
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:	
All others: Signature of an authorized person.		FILED 2011 SEP 27 AM SEUNG JARY OF FALLAHASSEE, F
Fees:		AMII: 05 AMII: 05 OF STATE EE, FLORID
Certificate of Conversion:	\$25.00	LOR LOR
Fees for Florida Articles of Organization:	\$125.00	10 S
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	
	Page 2 of 2	

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	TI	C	LE	I	<b>-</b> ]	١	an	n	e	:
---	---	----	---	----	---	------------	---	----	---	---	---

The name of the Limited Liability Company is:

## HARCH CAPITAL MANAGEMENT, 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 the principal office of the Limited Liability Company is:

Prin	cina	l Offic	e Address	
TIM	LULUA	ı Omc	e Auures:	٠.

#### **Mailing Address:**

#### 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:

Craig M. Oberweger, Esq.

Name

2000 Glades Rd. Ste 208

Florida street address (P.O. Box NOT acceptable)

Boca Raton

FL 33431 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.

(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:

13.50

Title:	Name and Address:	
"MGR" = Manager	Az uz ba u	
"MGRM" = Managing	Tember	
MGMR	Quarater-Deck LLC	
	751 Park of Commerce Ur. Suite 118	
	BOCA KILLON (FL 3348)	
	·	
(Use attachment if neces		ı.
RTICLE V: Effective date,	f other than the date of filing: $0830201111011011$	١
DI De at 1 at	(OPTIONAL)	
	be prior to nor more than 90 days after the date this document is ate; AND 2) must be the same as the effective date listed in the a	
<del>-</del>	n effective date listed therein.)	ttuciico
·		
<u>EQUIRED</u> SIGNATURE:		
//		
Signature of a me	pher or an authorized representative of a member.	
(In accordance with section 6	08.498(3), Florida Statutes, the execution of this document constitutes an affirmati	ion under
the penalties of perjury that t	vacts stated herein are true. I am aware that any false information submitted in a	1
document to the Department	of State constitutes a third degree felony as provided for in s.817.155, F.S.)	
Craig M. Ob	erweger, Esq.	
	Typed or printed name of signee	
	Typed or printed name of signee  Page 2 of 2  Page 2 of 2  Page 2 of 2	T,
	Page 2 of 2	<u> </u>
	Sara	_