14000021365

(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:
,

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FEB - 7 2014

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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 22, 2014

HENRY DONALDSON PO BOX 7134 LAKELAND, FL 33807

SUBJECT: HMD INVESTMENTS INC

Ref. Number: P13000067579

We have received your document for HMD INVESTMENTS INC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L06000042872.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10); Florida Statutes, the entity must be active and current in filings its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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) 245-6051.

Tammi Cline Regulatory Specialist II 14FEB-6 AHH: 17

Letter Number: 114A00001430

COVER LETTER

TO: Registration S Division of C					
SUBJECT:	HMD L	, L . C .			
		of Resulting Florida Limite	d Company)		
			and fees are submitted to cordance with s. 605.10		:her
Please return all corre	espondence concerning	g this matter to:			
Henry	M Donaldson (Contact Person)				
	(Firm/Company)				
PORO					
1 0 00	(Address)				
\ct.	eland FL 338	207			
((City, State and Zip Code)	30 /			
Hmn	7@ msn.com	`			
	e used for future annual re				
For further informati	on concerning this ma	tter, please call:			
Henry Dor	raldson	_at (<u>%63</u>)	712 7207	-	
(Name of Conta	ict Person)	(Area Code) (Day	rtime Telephone Number)	2014	
Enclosed is a check f	for the following amou	int:		2014 FEB	س . پ محدد :
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$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	-6 AN II: 17	The first
STREET ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ions ter Circle	MAILING A Registration Division of C P. O. Box 63 Tallahassee,	Section Corporations 27	~	

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 was Statutes.	7ith s.605.1045, Florida
1. The name of the "Other Business Entity" immediately prior to the filing of this Certiful HMD Investments Inc.	ficate of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	-· ,
First organized, formed or incorporated under the laws of	Cab
on 8 13 2013 (date of organization, formation or incorporation)	: name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Art	icles of Organization:
(Enter Name of Florida Limited Liability Company)	1/4
(Enter Name of Florida Limited Liability Company)	21/1/4
4. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to date of receipt or filed date nor more that date this document is filed by the Florida Department of State; AND 2) must be the date listed in the attached Articles of Organization, if an effective date is listed then	e same as the effective
5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046	
Page 1 of 2	2014 FEB

Signed this 13 day of January	20 <u>14</u> .	
Signature of Authorized Representative of Lim	ited Liability Company:	
Signature of Authorized Representative: Jum De	nilwin	
Printed Name: Henry m Dona 1 dson	Title: President	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).	
Signature: Non Donaldson Printed Name: Henrym Donaldson	Title: President	
Signature:Printed Name:	Title:	
Signature: Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature: Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer	
If Directors or Officers have not been selected, an Inc		
If Florida General Partnership or Limited Liabili	tv Partnershin:	
Signature of one General Partner.	<u>, , , , , , , , , , , , , , , , , , , </u>	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:	
Signatures of ALL General Partners.	y Emilion Full Market	
All others:		
Signature of an authorized person.		13.
Fees:		Ţ.
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	- 1
Certified Copy: Certificate of Status:	\$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:	. 21
	215 71/W
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2745 Grace Mancr	00 Box 7124
Lukeland F1 33812	PO BOX 7134 Lakeland F1 33807
Careland FI 35812	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Henry m Donalds	5017
Name	
Taine	
2745 Grace Mar	ner
Florida street address (P.O.	
`	<u>-</u>
Lakeland	FL 33812 Zip
City	Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of alwerformance of my duties, and I am familiar with and isstered agent as provided for in Chapter 605, F.S
Jun Dondova	20
Registered Agent's Signa	ature (REQUIRED)
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(CONTINU	UED)
Page 1 of	72

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager President	Henry m Donaldson
	2745 brace manor Lukeland F1 33812
effective date is listed, the date must	e date of filing: (OPTIONAL be specific and cannot be more than five business da
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.)	e date of filing: (OPTIONAL be specific and cannot be more than five business da
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) CLE VI: Other provisions, if any.	be specific and cannot be more than five business da
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	Them m Donases on 2/1/14
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a m	ror an authorized representative of a member. (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true, bmitted in a document to the Department of State
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a member of a coordance with section 605.0203 (Institutes an affirmation under the penamaware that any false information suinstitutes a third degree felony as provi	r or an authorized representative of a member. (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true, bmitted in a document to the Department of State
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a member of a coordance with section 605.0203 (Institutes an affirmation under the penama aware that any false information sunstitutes a third degree felony as provi	r or an authorized representative of a member. (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true, bmitted in a document to the Department of State and ded for in s.817.155, F.S.)

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ARTICLE IV-