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(Re	equestor's Name)	· <del>- · · · · · · · · · · · · · · · · · ·</del>
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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MAY 2 8 2015 **J SHIVERS** 



May 14, 2015

PAMELA HOBSON 9194 COMMODOR DR CITRUS SPRINGS, FL 34434

SUBJECT: HOBSON CONSTRUCTION LLC

Ref. Number: W15000034272

We have received your document for HOBSON CONSTRUCTION LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have no limited partnership on file by this name.,

The registered agent must sign accepting the designation.

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) 245-6051.

Letter Number: 115A00010148

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

#### **COVER LETTER**

SUBJECT: Hobson Constru	action LL	<u> </u>
(Name o	f Resulting Florida Limited	d Company)
The enclosed Articles of Conversion, Articl Business Entity" into a "Florida Limited Lia		
Please return all correspondence concerning	this matter to:	
Panela Hobson	···	
(Contact Person)		
(Contact Person)  Hobson Const LLC  (Firm/Company)		
(Firm/Company)		
9194 Commodor Dr (Address)	<del></del>	
o .	, ,	
Citrus Spring FL. (City, State and Zip Code)	34434	
· ·		
Dhobson 310 yahoo, C. E-mail Address: (to be used for future annual rep	<u>om</u>	
E-mail Address: (to be used for future annual rep	ort notifications)	
For further information concerning this matter	ter, please call:	
Pam Hobson	at (75 <sup>-</sup> 7) 85	14 5355
(Name of Contact Person)		time Telephone Number)
Enclosed is a check for the following amour	nt:	
\$150.00 Filing Fees (\$25 for Conversion and Certificate of	□\$180.00 Filing Fees	\$185.00 Filing Fees,
& \$125 for Articles Status of Organization)	and Certified Copy	Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING A	DDRESS:
Registration Section	Registration S	Section
Division of Corporations	Division of C	•
Clifton Building 2661 Executive Center Circle	P. O. Box 632 Tallahassee, F	
Tallahassee, FL 32301	i ananassee, 1	10 02017

Registration Section
Division of Corporations

TO:

## Articles of Conversion For "Other Business Entity" Into

### Florida Limited Liability Company

The Articles 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.605.1045, Florida Statutes.

Statutes.	
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles	s of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	pany
First organized, formed or incorporated under the laws of $\sqrt{1/C_{c}}$ in $1/C_{c}$	
on <u>Scotember 28, 2012</u> .  (date of organization, formation or incorporation)  (Enter state, or if a non-U.S. entity, the n	ame of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Article	les of Organization:
Hobson Construction L4C (Enter Name of Florida Limited Liability Company)	
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 than date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the state listed in the attached Articles of Organization, if an effective date is listed there Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date	same as the effective in.)
document's effective date on the Department of State's records.	ون المقتل
5. The plan of conversion has been approved in accordance with all applicable statutes.	AW St
Page 1 of 2	Z7 M 9:

Signed this 25 day of May	20_15	
Signature of Authorized Representative of Limi	ited Liability Company:	
Signature of Authorized Representative: Description Printed Name: David Holson	Title: manager	
Signature(s) on behalf of Other Business Entity:		
Signature: Panela Hobson Printed Name: Panela Hobson		
Printed Name: PAMCIA HOLSON	Title: ASS ISTANT MANCE	
Signature:		
Signature: Printed Name:	Title:	
Signature:	<u> </u>	
Signature: Printed Name:	Title:	
Signature:		
Signature: Printed Name:	Title:	
Signature:Printed Name:		
Printed Name:	Title:	
Signature: Printed Name:		
Printed Name:	Title:	
If Florida Corporation;	0.00	
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liabili		
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		5 MAY
Fees:		27 AM
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	# 9:06

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:
Hobson Construction (Must end with the words "I imited Lie	LLC." or "LLC.")
(Musicila William Words Elimica Ele	winty company, E.E.C., or LEC. )
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
010/1/2 /	Over No.
9194 Commodore Dr	9194 Commodor Dr
Citrus strings	Citrus springs
<u> </u>	17 .59939
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Repulsioness entity with an active Florida registration.)	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
The name and the Florida street address of th	e registered agent are:
David Halson	
Na	me
9194 Connodo	D-
Florida street address (P	O. Box NOT acceptable)
·	<del></del> • •
Catrus Spring	FL 34934 Zip
City	Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of al te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S.
DD 1/1	AH 9:
Registered Agent's Si	ignature (REQUIRED)

Page 1 of 2

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Memb	
"MGR" = Manager	D. 1 11 m
AMBR	Pamela Lobson
	9194 Commoder Dr Citris Serins Fl 34434
	CITIS SPINS FL 34139
MANAGER	David Hobson
,	9194 Comon ocker Dr
	Citrus spring Fl 34454
	the state of the s
	**************************************
ffective date is listed, the date days after the date of filing.)	than the date of filing: (OPTIONAL e must be specific and cannot be more than five business da
LE V: Effective date, if other iffective date is listed, the date days after the date of filing.)	e must be specific and cannot be more than five business da ot meet the applicable statutory filing requirements, this date will not be lis of State's records.
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LE V: Effective date, if other ffective date is listed, the date days after the date of filing.) the date inserted in this block does not seffective date on the Department. LE VI: Other provisions, if any Signature of a filing accordance with section 60 institutes an affirmation under the date of the date	ot meet the applicable statutory filing requirements, this date will not be list of State's records.  Y.  Inember or an authorized representative of a member.  5.0205 (3), Florida Statutes, the execution of this documents the penalties of perjury that the facts stated herein are true.
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ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)