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(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

TO: Registration S Division of C			
	•	- Company III C	
SUBJECT:	Hicks Advertising (Name	of Resulting Florida Limite	d Company)
			d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
	Robert H. Hicks		
	(Contact Person)		
	Hicks Advertising (Firm/Company)	Group	
	3101. Samara Drive (Address)	e	
((Tampa, FL 33618 City, State and Zip Code)		
	hislandhialanduson	daina com	
E-mail Address: (to b	hicks@hicksadvert e used for future annual re		
For further informati	on concerning this ma	tter, please call:	
	Robert Hicks		-1122:
(Name of Conta	ict Person)	(Area Code) (Day	rume Telephone Number)
Enclosed is a check f	for the following amou	int:	
\$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
STREET ADDRES	S:	MAILING A	ADDRESS:
Registration Section		Registration	
Division of Corporat	ions	Division of C	
Clifton Building	e of all	P. O. Box 63	
2661 Executive Cent	er Circle	Tallahassee,	FL 32314

Tallahassee, FL 32301

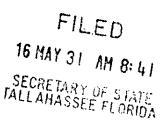
Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company



The Articles 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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Hicks Advertising Group, Inc. F75/74
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>sub-chapter</u> "s" <u>Corporation</u> .
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
general partnership, common law of business trust, etc.)
First organized, formed or incorporated under the laws of Florida, USA
(Enter state, or if a non-U.S. entity, the name of the country)
on <u>4/1/82</u> .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Hicks Advertising Group, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: <u>date of filing</u> . (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Page 1 of 2

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 23 day of May	20_/6	
Signature of Authorized Representative of Limi	ted Liability Company:	FILED
Signature of Authorized Representative of Limi Signature of Authorized Representative: Printed Name: Robort H. Hicks Signature(s) on behalf of Other Business Entity:	D. Drifes	16 MAY 31 AM 8:41
Signature(s) on behalf of Other Business Entity: [See below for required signa	TALLAHASSEE FLORIDA
Signature: Robert H, Hirtzs	mul. 4	
Printed Name: Robert H, Flirts	Title: <u>Pros</u>	
Signature:		
Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Ind		
If Florida General Partnership or Limited Liability Signature of one General Partner.		
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$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:

	ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Compa	ny is:
	Principal Office Address:	Mailing Address:	
3101	Samara Drive Tampa, Florida 33618	(Same)	
	ARTICLE III - Registered Agent, Registe	red Office, & Registered Agent's Signature:	
		red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:	
	(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Kobert H. Hicks	ne registered agent are:	FIL
	(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Kobert H. Hicks	ne registered agent are:	FILE
	(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Kobert H. Hicks National Samara Drive	ne registered agent are:	FILED

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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Robert H. Hicks 3101 Samara Dr. Tampa, FL
(Use attachment if necessary)	TS 6
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	SS TO THE TOTAL PROPERTY OF THE PROPERTY OF TH
	CORNEL D
	e date of filing: ©(OPTIONAL) be specific and cannot be more than five business days
O days after the date of filing.) f the date inserted in this block does not meet t nt's effective date on the Department of State's	the applicable statutory filing requirements, this date will not be listed s records.
CLE VI: Other provisions, if any.	

ARTICLE IV-

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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)