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	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

·
Name of Resulting Florida Limited Company)
Articles of Organization, and fees are submitted to convert an "Other red Liability Company" in accordance with s. 605.1045, F.S.
erning this matter to:
ode)
nual report notifications)
is matter, please call:
at (407 )730-7814
(Area Code) (Daytime Telephone Number)
amount:
Fees \$\Bigcup \\$180.00 \text{ Filing Fees} \\ \text{and Certified Copy} \\ \text{Certified Copy, and} \\ \text{Certificate of Status}
MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301

# **Articles of Conversion**

For

#### "Other Business Entity"

nto

## 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 Entit HOG L.L.C.	y" immediately prior to the filing of the Articles of Conversion is:
	e of Other Business Entity)
2. The "Other Business Entity" is a LIMIT	TED LIABILITY COMPANY
(Enter	entity type. Example: corporation, limited partnership, eral partnership, common law or business trust, etc.)
First organized, formed or incorporated un	nder the laws of
4/25/1999 on	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporat	ion)
3. The name of the Florida Limited Liabi HOG L.L.C.	lity Company as set forth in the attached Articles of Organization:
(Enter Name of Flori	da Limited Liability Company)
(The effective date: 1) cannot be prior date this document is filed by the Florid date listed in the attached Articles of O	to date of receipt or filed date nor more than 90 days after the la Department of State; AND 2) must be the same as the effective rganization, if an effective date is listed therein.)  eet the applicable statutory filing requirements, this date will not be listed as the ate's records.
5. The plan of conversion has been approx	yed in accordance with all applicable statutes.

Page 1 of 2



Signed this 2ND day of June	_ 20_16
Signature of Authorized Representative of Lind	ted Liability Company:
Signature of Authorized Representative: Printed Name: KELLY MOORMAN	Title: MANAGER
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	
Printed Name: KELLY MOORNAN	Title: MANAGER
( )	
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
rrinted Name:	little:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida Command Dougla and Co	· D · · · · ·
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
organizate of one general further.	
<u>If Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
•	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$25.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
	Tros (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

HOG L.L.C.			
(Must end wit	th the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:			
The mailing address and st	treet address of the	e principal office of the Limited Liability Co	ompany is:
Principal Office Address	<u>:</u>	Mailing Address:	
7680 Universal Blvd., Suite 100	0	7680 Universal Blvd., Suite 100	
Orlando, Florida 32819		Orlando, Florida 32819	
The name and the Florida	street address of the	ne registered agent are:	
TAE SE		ame	
<del></del>	N		
7680 UI	N NIVERSAL BLVD.,		
7680 UI	Niversal blvd., da street address (l	P.O. Box NOT acceptable) FL 32819	
7680 UI Floric	Niversal blvd., da street address (l	SUITE 100 P.O. Box NOT acceptable)	

(CONTINUED)

Page 1 of 2



Title:	Name and Address:
"AMBR" = Authorized M	lember
"MGR" = Manager	
MGR	KELLY MOORMAN
	7680 UNIVERSAL BLVD., SUITE100
	ORLANDO, FL 32819
	·
effective date is listed, the	ther than the date of filing: (OPTIONAL)  date must be specific and cannot be more than five business day
CLE V: Effective date, if ceffective date is listed, the days after the date of file.	ther than the date of filing: (OPTIONAL)  date must be specific and cannot be more than five business day  ing.)  loes not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if of the effective date is listed, the days after the date of fill of the date inserted in this block of the date.	ther than the date of filing: (OPTIONAL)  date must be specific and cannot be more than five business day ing.) loes not meet the applicable statutory filing requirements, this date will not be list ment of State's records.
CLE V: Effective date, if of effective date is listed, the 0 days after the date of file of the date inserted in this block on the Depart	ther than the date of filing: (OPTIONAL)  date must be specific and cannot be more than five business day ing.) loes not meet the applicable statutory filing requirements, this date will not be list ment of State's records.  if any.
CLE V: Effective date, if of effective date is listed, the 0 days after the date of fill of the date inserted in this block on the Depart CLE VI: Other provisions,  REQUIRED SIGNAVU  Signature of This document is I am aware that a	ther than the date of filing: (OPTIONAL)  date must be specific and cannot be more than five business day ing.) loes not meet the applicable statutory filing requirements, this date will not be list ment of State's records.  if any.
CLE V: Effective date, if of effective date is listed, the 0 days after the date of fill of the date inserted in this block on the Depart of the date inserted in this block on the Depart of the date inserted in the Depart of the date in the Depart of the	ther than the date of filing:
CLE V: Effective date, if of effective date is listed, the days after the date of fill of the date inserted in this block on the date inserted in the Depart of the date inserted in the Depart of the date inserted in the Depart of the date inserted in this block on the Depart of the date inserted in this block on the Depart of the date inserted in the Depart of the date inserted in the Depart of the date in the Depart of the Depart	ther than the date of filing:
CLE V: Effective date, if of effective date is listed, the 0 days after the date of fill of the date inserted in this block on the Depart of the date inserted in this block on the Depart of the date inserted in the Depart of the date in the Depart of the	ther than the date of filing:

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-