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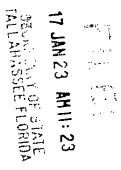
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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01/23/17--01044--019 **150.00



124/17

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: H.J. Bailders	
(Name of Resulting Florida Limited Company)	
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "C Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.)ther
Please return all correspondence concerning this matter to:	
Jeverny T Hunter (Contact Person)	
(Firm/Company)	
1317 Citrus Garateus Drive Apr D (Address)	
Or lando FL 32807 (City, State and Zip Code)	
E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
Tevery Hunter at (407) 497-4360 (Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount: (All checks processed by this office must be payable in dollars and drawn on a bank located in the United States)	US
\$150.00 Filing Fees (\$25 for Conversion & and Certificate of & and Certified Copy & Certificate of Status of Organization)	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

Tallahassee, FL 32301

Articles of Conversion For "Other Business Entity" Into

17 JAN 23 AM II: 23
SEGRE WAY OF STATE
TALLAHASSEE FLORIDA

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: $\frac{dT}{dt} = \frac{2}{2} \frac{dt}{dt} = \frac{1}{2} \frac{dt}{dt} = 1$
H.J. Bulders INC (Enter Name of Other Business Entity) -P17-1461
2. The "Other Business Entity" is aCCVPOVATION_ (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on 1-4-17 (date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
H.J. Builders LLC
(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 90 days after the date this document is filed by the Florida Department of State; AND 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.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.

Signed this 19th day of January	20 17
Signature of Authorized Representative of Limit	· · · · · · · · · · · · · · · · · · ·
Signature of Authorized Representative: Printed Name: Jeveny T. Hunter	Title: AMBR
Signature(s) on behalf of Other Business Entity: {	See below for required signature(s)}
Signature: Signature: String Towns T	
Printed Name: Jeverny T Hunter	Title: Pasakor
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature: Printed Name:	Title
Printed Ivanie:	_ Hue
Signature:	
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: 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:	
H.J. Builders LLC (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1317 Citrus Gordons Drive Apr D Oclardo FL 32807	1317 Circus Gardens Drue Apr D Oclarato FL 32807
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re- <u>Jeveny</u> T Ho Name	3 SSE
1317 Citrus Gaveles Florida street address (P.O.	Box NOT acceptable)
City	FL 32807 Zip
The day bear a moved as applicationed assert and to	accent comice of process for the above stated limited

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..

Régistered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member		
"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
Amby	Jovemy T Hunter	
-дмау	1317 Citrus Gordens Drive	
	Orlando fl 32807	
	,	
r 90 days after the date of filing.)		
: If the date inserted in this block does not meet th	ne applicable statutory filing requirements, this date will not records.	be list
If the date inserted in this block does not meet the ment's effective date on the Department of State's	ne applicable statutory filing requirements, this date will not records.	be list
If the date inserted in this block does not meet the ment's effective date on the Department of State's FICLE VI: Other provisions, if any.	ne applicable statutory filing requirements, this date will not records.	be list
: If the date inserted in this block does not meet the ment's effective date on the Department of State's	ne applicable statutory filing requirements, this date will not records.	be list
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If the date inserted in this block does not meet the ment's effective date on the Department of State's FICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member.	be list
If the date inserted in this block does not meet the ment's effective date on the Department of State's FICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in accelulation and a manuary false information.	records.	be list 17 JAN 23 AM II: 23
If the date inserted in this block does not meet the ment's effective date on the Department of State's FICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in accident and a constitutes a third degree felony as	or an authorized representative of a member cordance with section 605.0203 (1) (b). Florida Statutention submitted in a document to the Department of State as provided for in s.817.155, F.S.	be list 17 JAN 23 AM II: 23
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The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-