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COVER LETTER

Division of Co	orporations							
SUBJECT: HIM LLC								
JOBULCI.	(Name of R	esulting Flori	ida Limit	ed Company)		<u></u>		
The enclosed Articles Business Entity" into								er :
Please return all corre	spondence concerni	ng this mat	ter to:			·		
Elizabeth K Hanselman	•			·				
	(Contact Person)						•	
HIM LLC	<u></u> .	t	;.:	.d 1				
	(Firm/Company)		·· · · · · · · ·					
9316 SW 12th Ave				•				
	(Address)						•	•
Gainesville, Florida 3260	7							
- ,	ty, State and Zip Code)					. Lie Mark		
ehanselman@cox.net	, ,,							
E-mail Address: (to be	used for future annual r	eport notifica	ations)			**		·· .
·		-	,					
For further information	n concerning this m	atter, pieas	e call:	ia a serre :	: ' '' ''		Target of	**,*}**,*
Elizabeth K Hanselman		at (³⁵²		(Daytime To				
(Name of Contac	t Person)	(Are	a Code)	(Daytime To	elephone N	umber)		• • •
Enclosed is a check fo dollars and drawn on a								
(****	□\$155:00 Filing Fees and Certificate of Status	☐\$180.0 and Certif		y Certi	85.00 Filing ified Copy, a ificate of Sta		296.329	: 14° 111
STREET ADDRESS. New Filing Section. Division of Corporation Clifton Building 2661 Executive Center	ns]]]	New Fil Division P. O. Be	NG ADDR ling Section of Corpora ox 6327 ssee, FL 32	ations	·		
Circle Tallahassee, FL								

32301

TO: New Filing Section

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.

(Ente	er Name of Other Business Entity)	
2. The "Other Business Entity" is a	Corporation	7
	(Enter entity type. Example: corporation, limited general partnership, common law or business to	partnership,
First organized, formed or incorpora	ated under the laws of Florida	
8-15-2006	(Enter state, or if a non-U.S	S. entity, the name of the country)
on(date of organization, formation or inco	orporation)	22 23
HIM LLC	of Florida Limited Liability Company)	
	AT PIOTION LIMITEO LINDINIV COMBANYI	i, i i i i i i i i i i i i i i i i i i
4. If not effective on the date of fili	ng, enter the effective date: 5-23-2017	more than 00 calendar days
4. If not effective on the date of fili (The effective date: 1) cannot be	ng, enter the effective date: 5-23-2017 prior to date of receipt or filed date nor	more than 90 calendar days 🚈 🖙 😙
4. If not effective on the date of filit (The effective date: 1) cannot be pafter the date this document is file the effective date listed in the atta	ng, enter the effective date: 5-23-2017 prior to date of receipt or filed date nor ed by the Florida Department of State; A ched Articles of Organization, if an effe	more than 90 calendar,days And the same as well and the same as well and the same as well as w
4. If not effective on the date of filis (The effective date: 1) cannot be pafter the date this document is file the effective date listed in the atta	ng, enter the effective date: 5-23-2017 prior to date of receipt or filed date nor set by the Florida Department of State; 4 ched Articles of Organization, if an effect protection of the second p	more than 90 calendar days from the AND 2) must be the same as well from the cities date is listed therein.)
4. If not effective on the date of filit (The effective date: 1) cannot be after the date this document is file the effective date listed in the attanote: If the date inserted in this block does document's effective date on the Department.	ng, enter the effective date: 5-23-2017 prior to date of receipt or filed date nor ed by the Florida Department of State; A ched Articles of Organization, if an effect of the applicable statutory filing requirement of State's records.	more than 90 calendar days from the AND 2) must be the same as well from the cities date is listed therein.)
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which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 23rd day of May	20_17	
Signature of Authorized Representative of Lim	nited Liability Company:	
Signature of Authorized Representative:		
Signature of Authorized Representative:	no f Trusum	
Printed Name: Elizabeth K Hanselman	Title: Managing Partner	_
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
Signature: Rabert Hanselman		•
Printed Name: Robert W Hanselman	Title: AMBR	
Printed Name: Robert w Mansenhan	11tie: AWDK	- - ·
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Printed Name:	Title:	<u>-</u>
anii .		
Signature: Printed Name:	Title:	
Timed Name.	1106.	·
Signature:		
Signature:Printed Name:	Title:	
Signature: Printed Name:	- 1000 -	- ·
Printed Name:	Title: massa gran	<u> </u>
If Florida Corporation:	<u> </u>	
Signature of Chairman, Vice Chairman, Director, or	Officer. The teats are a second	officer or see
If Directors or Officers have not been selected, an In	corporator must sign.	Being a Grand Comment
ŕ		
If Florida General Partnership or Limited Liabili		
Signature of one General Partner.	ाणुकसामाः सन्भारतन्त्रातः समिति	•
If Florida Limited Partnership or Limited Liabili	ty I imited Partnership	on toma Latina & Staffigad. To
	Langua a At Langua Par	
		
All others:	- a tê rak aparer	
Signature of an authorized person.		
P.		
Fees:		
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	and the second of the second o
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	
CALIFFORM AT CAMERON	/- (-T)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

HIM LLC	ust contain the words "T imite	d Liability Company, "L.L.C.," or "LLC.")	
M)	usi contain the words. Limited	d Liability Company, L.L.C., or LLC.	
ARTICLE II - A			
The mailing addre	ess and street address o	f the principal office of the Limited Liabili	ty Company is:
Principal Office	Address:	Mailing Address:	
9316 SW 12th Ave		9316 SW 12th Ave 11. 2.5	
Gainesville, Florida		Gainesville, Florida	
32607		32607	
-	active Florida registration.)	wn Registered Agent. You must designate an individual of the registered agent are:	rranother का कार्यक्र है। ह
-	active Florida registration.)	of the registered agent are:	rr another
-	active Florida registration.) Florida street address		ranother to to own () e
-	active Florida registration.) Florida street address	of the registered agent are:	ranother to to over () e
-	active Florida registration.) Florida street address Elizabeth K Hanselman 9316 SW 12th Ave	of the registered agent are:	ranother to the control of the contr
-	active Florida registration.) Florida street address Elizabeth K Hanselman 9316 SW 12th Ave	of the registered agent are: Name SS (P.O. Box NOT acceptable) FL 32607	
-	active Florida registration.) Florida street address Elizabeth K Hanselman 9316 SW 12th Ave Florida street addres	of the registered agent are: Name SS (P.O. Box NOT acceptable)	

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR — Manager MGR	Elizabeth K Hanselman	
The state of the s	9316 SW 12th Ave	
	Gainesville, Florida 32607	
AMBR	Robert W Hanselman	
	9316 SW 12th Ave	2111
general and the second of the	Gainesville, Florida 32607	<u> </u>
		F. IY 2
	 	<u> </u>
		- 1
•		.084 2.89 2.41 2.41 2.41 2.41 2.41 2.41 2.41 2.41
		- 37 & -
(Use attachment if necessary) FICLE V: Effective date, if other than the effective date is listed, the date must be to or 90 calendar days after the date of the date inserted in this block does not meet the ment's effective date on the Department of State's	be specific and cannot be more to filing.) the applicable statutory filing requirements	han five business
FICLE VI: Other provisions, if any.	万段的人(A) (A) (A)	ACT PANY COLL
	····	

Signature of a member or an authorized representative of a member. This document's 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.

Elizabeth K Hanselman

ARTICLE IV-

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)