

(Requ	estor's Name)	
(Addr	ess)	-
(Addr	ess)	
(City/s	State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	me)
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	





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, COVER LETTER
TO: New Filing Section Division of Corporations
SUBJECT: HOYACIO Printing LL C (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Polly Payne (Contact Person)
HUMACO PMHING LLC (Firm/Company)
WIE LIVE OUKS BLUD (Address)
Cassel bern, FL 32707 (City, State and Zip Code)
Polly Poine & gmail. (um E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Polly Payne at (334) Uli 3-7207 (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 US dollars and drawn on a bank located in the United States)
S150.00 Filing Fees (\$25 for Conversion & S125 for Articles of Organization) S150.00 Filing Fees and Certified Copy and Certified Copy of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 323 4

Tallahassee, FL 32301

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RECEIVED

2018 APR -3 AM 9: 49

FLORIDA DEPARTMENT OF STATE OF

February 22, 2018

POLLY PAYNE 206 LIVE OAKS BLVD CASSELBERRY, FL 32707

SUBJECT: HORACIO PRINTING LLC

Ref. Number: W18000017873

We have received your document for HORACIO PRINTING LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

Please return 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) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 818A00003702

Imade a copy of this! I signed inside, thank you!

www.sunbiz.org

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: HOPACID PRINTING LLC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc
First organized, formed or incorporated under the laws of NEW YORK (Enter state, or if a non-U.S. entity, the name of the country)
on November 12th, 2014. (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
HUPACLO PRINTING LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 3/15/18. (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.) 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.

Signature of Authorized Representative of Lim	
Signature of Authorized Representative: 700	ly Days
Signature of Authorized Representative: Poly Printed Name: Polly Payme	Uitle: ONNER
•	1
Signature(s) on behalf of Other Business Entity:	
Signature: Polly Payne Printed Name: Polly Payne	
Printed Name: Pally Payne	Title: OWNER
Signature	
Signature:Printed Name:	Title:
Signature:Printed Name:	rists.
rinted Name.	- me.
Signature:	
Signature:Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
Signature:	Tiels
Printed Name:	inte.
1f Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
	ty Partnership:
Signature of one General Partner.	
Signature of one General Partner. If Florida Limited Partnership or Limited Liabili	
Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	
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Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. All others: Signature of an authorized person. Fees:	ty Limited Partnership:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Haracio Printing LLC	
(Must contain the words "Limited Liability Company, "L	L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office.	ee of the Limited Liability Company is:
Principal Office Address: Mailing	\ddress:
toracio Printing Hora	cis Printing
206 Live Oaks BLVD 2010 Casselberry, FL 32707 Cash	LIVE DAKS BLUD Liberry , FL 32707
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Registered Agent. Yo business entity with an active Florida registration.)	
The name and the Florida street address of the registered ag	ent are:
Polly Payne Name	
Florida street address (P.O. Box NOT	# 218
^ · ·	32814 Žip
City	Zip
Having been named as registered agent and to accept serve liability company at the place designated in this certific registered agent and agree to act in this capacity. I further statutes relating to the proper and complete performance accept the obligations of my position as registered agen	ate! I hereby accept the appointment as - agree to comply with the provisions of a - of my duties, and I am familiar with and
Dolly Days	
Registered Agent's Signature (FEQ	UIRED)

(CONTINUED)

770 t . I	
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MOR	Polly Vauhe
	1129 lake baldwin Lane #218
	ORlando, FL 32814
(Use attachment if necessary)	
(Ose addenned in necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
No.	
Polly	Payne !
	an authorized representative of a member
This document is executed in accordance	with section 605.0203 (1) (b) Florida Statutes. I am aware to the Department of State constitutes a third degree fe
as provided for in s.817.155, F.S.	nent to the Department of State Constitutes a time degree to
Dalle	DAVING
* (2111)	PAY NC ped or printed name of signee
- '- '- '- '- '- '- '- '- '- '- '- '- '-	ned or pribled name of signee

ARTICLE IV-