L1800261057

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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W18-68444



COVER LETTER

Division of Corporations	
SUBJECT: Hackett & Associates IIc	
(Name of Resulting Florida Limited Company)	
The enclosed Articles of Conversion, Articles of Organization, and fees ar Business Entity" into a "Florida Limited Liability Company" in accordance	
Please return all correspondence concerning this matter to:	
Kenneth Hackett	
(Contact Person)	
Hackett & Associates, Ilc	
(Firm/Company)	
PO Box 2136	
(Address)	
Naples, Fl 34106	
(City, State and Zip Code)	
ken.hackett@gmail.com	
E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
Ken Hackett at (858)2296882	
(Name of Contact Person) (Area Code) (Daytime Tele	phone Number)
Enclosed is a check for the following amount: (All checks processed by th dollars and drawn on a bank located in the United States)	is office must be payable in US
(\$25 for Conversion and Certificate of and Certified Copy Certified	00 Filing Fees, I Copy, and ———————————————————————————————————
STREET ADDRESS: MAILING ADDRES	SS: CREIL
New Filing Section New Filing Section	924 I
Division of Corporations Clifton Building Division of Corporation P. O. Box 6327	ons Since I
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 3231	4 3 2 1

Tallahassee, FL 32301

New Filing Section

TO:

Articles of Conversion

For

"Other Business Entity"

Into

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: Hackett & Associates, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country) 07-13-2001 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Hackett & Associates, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(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.



Signed this 13 day o	of July 20 18			
	epresentative of Limited Liability Company:			
Signature of Authorized Ren	presentative: Hitle: Managing Member			
Signature(s) on behalf of Oth	her Business Entity: [See helow for required girenty()	 ı		
Signature: The Signature	ID			
Printed Name: KENNG	4 HARLETT Title: PIANAGNIG MEM	<u>.</u> BA		
Signature:			_	
Printed Name:	Title:	-		
Signature:				
Printed Name:	Title:			
Signature:	Tial			
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Signature:	Title:			
	1 tile,	-		
Signature:	Title			
**************************************	Title:	- -		
If Florida Corporation: Signature of Chairman, Vice	nima. Di			
If Directors or Officers have not	been selected, an Incorporator must sign.			
	or Limited Liability Portneys			
If Florida Limited Partnership Signatures of ALL General Partnership	or Limited Liability Limited Partnership: ners.			
All others: Signature of an authorized person	1.	<u> 1</u> 10 +		
Fees:			SECT	18 NOV
Articles of Conversion:	\$25.00		A A A A	PQ V

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy:

Certificate of Status:

18 NOV -7 PH 12: 34
SECRE JARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Hackett & Associate	es, LLc		_			
(M	ust contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")				
ARTICLE II - A	ddress:					
		e principal office of the Limited Liability C	Company			
_						
Principal Office	Address:	Mailing Address:				
9105 Prima Way #2	202	P.O. Box 2136				
Naples, FI 34113 ARTICLE III - R The Limited Liability C	Registered Agent, Registe	red Office, & Registered Agent's Signate egistered Agent. You must designate an individual or ano				
ARTICLE III - R The Limited Liability C business entity with an	Registered Agent, Registe Company cannot serve as its own R active Florida registration.) Florida street address of t	red Office, & Registered Agent's Signate egistered Agent. You must designate an individual or and				
ARTICLE III - R The Limited Liability C business entity with an	Registered Agent, Registe Company cannot serve as its own R active Florida registration.) Florida street address of t Joel S. Miller CPA	red Office, & Registered Agent's Signate egistered Agent. You must designate an individual or and no registered agent are:	other 18 NOV -1			
Naples, FI 34113 ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Registe Company cannot serve as its own R active Florida registration.) Florida street address of t Joel S. Miller CPA	red Office, & Registered Agent's Signate egistered Agent. You must designate an individual or and	other 18 NOV -1			
Naples, FI 34113 ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Registe Company cannot serve as its own R active Florida registration.) Florida street address of t Joel S. Miller CPA	red Office, & Registered Agent's Signature egistered Agent. You must designate an individual or another registered agent are:	other 18 NOV -1			
Naples, FI 34113 ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Registered Agent, Registered Agent, Registered as its own Reserve as its own Reserve Florida registration.) Florida street address of the Joel S. Miller CPA No. 750 11th Street South, Supplied No. 11th	red Office, & Registered Agent's Signature egistered Agent. You must designate an individual or another registered agent are:				
Naples, FI 34113 ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Registered Agent, Registered Agent, Registered as its own Reserve as its own Reserve Florida registration.) Florida street address of the Joel S. Miller CPA No. 750 11th Street South, Supplied No. 11th	red Office, & Registered Agent's Signate egistered Agent. You must designate an individual or anone registered agent are:	other 18 NOV -1			

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 Agant's Signature (REQURED)

(CONTINUED)

Δ	R	TI	C	1	r	IV	7_

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

"AMDD" - Authorized Mombon	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR Manager	Kenneth Hackett
	P.O. Box 2136
	Naples, FI 34106
	1445145, 1701140
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(Use attachment if necessary)	∴ ⊃:
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and the other provisions, it any.	
DE 1. Outet provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
Signature of a member or This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware the
Signature of a member or This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware the
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree fellows.
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware t ment to the Department of State constitutes a third degree fel
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree fellowed or printed name of signee Filing Fees