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(City	/State/Zip/Phone	<del>= #)</del>
PICK-UP	WAIT	MAIL
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FILATUSECRETARY OF STATE

W16-94563

### **COVER LETTER**

<b>TO:</b> New Filing S Division of C						
SUBJECT: HKS3 Ho	oldings, LLC					
	(Name of Res	sultin	g Florida Limit	ed Cor	mpany)	
			-		nd fees are submitted to accordance with s. 605.	
Please return all corr	espondence concernin	g thi	s matter to:			
Jodi L. Greenberg						
	(Contact Person)			•		
	(Firm/Company)			•	Mari	Ā5 <b>#</b>
125 E. Trinity Place, Sui	te 300					
	(Address)		_	•		# N -
Decatur, Georgia 30030						TALLAHASSEE, FLORING
(0	City, State and Zip Code)			•		
jodi@nealandwright.com	1					75
E-mail Address: (to b	e used for future annual re	port	notifications)	•		25. Paris
For further information	on concerning this ma	tter.	please call:			<b>*</b> *
Jodi L. Greenberg		at	(	399-3	3076	
(Name of Conta	ct Person)		(Area Code)	(Day	ytime Telephone Number)	_
	or the following amou a bank located in the		•	roces	sed by this office must	be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing d Certified Cop		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status	:
STREET ADDRESS	S:		MAILI	NG A	ADDRESS:	
New Filing Section			New Fi	_		
Division of Corporati	ions				Corporations	
Clifton Building 2661 Executive Cent	er Circle		P. O. B		27 FL 32314	
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Tallahassee, FL 32301

### **Articles of Conversion**

For

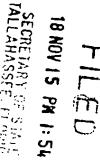
## "Other Business Entity"

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.

(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
October 8, 2012 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: HKS3 Holdings, 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 17th day of October	20 18
Signature of Authorized Representative of-Limit	ted Liability Company;
Signature of Authorized Representative:  Printed Name: Douglas A. Shumate	Title: Manager
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)
Signature:  Printed Name: Douc Shunger Z	
Printed Name: Donc SHUMATE	Title: CENERAL PARNER
Signature:Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signature:Printed Name:	
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	ALLAH

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees:

Articles of Conversion:

Certified Copy:

Certificate of Status:

Fees for Florida Articles of Organization:

18 NOV 15 PH 1:54
SECRETARY OF STATE
ALLAHASSEE TLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	:	
HKS3 Holdings, LLC		
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limit	ed Liability Company is:
Principal Office Address:	Mailing Address:	
76 Jack Knife Drive	76 Jack Knife Drive	
Inlet Beach, Florida 32461	Inlet Beach, Florida 32461	<del></del>
(The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)  The name and the Florida street address of the appropriate Douglas A. Shumate		
Name	e	
76 Jack Knife Drive		
Florida street address (P.C	). Box NOT acceptable)	
Inlet Beach	FL 32461	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as registered Agent's Signature (CONTING)	n this certificate. I hereby activ. I further agree to comperformance of my duties, a gistered agent as provided parture (REQUIRED)	ecept the appointment as oly with the provisions of all and I am familiar with and

A	D	<b>T</b>	l L	11	J_
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ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Douglas A. Shumate
	76 Jack Knife Drive
	Inlet Beach, Florida 32461
	DV C
	S.S.
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(Use attachment if necessary)	
(Use attachment if necessary)  LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	
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LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	r an authorized representative of a member rewith section 605.0203 (1) (b), Florida Statutes. I am aware thument to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.  Douglas A. Shumate, Manager and Member 1.	with section 605.0203 (1) (b), Florida Statutes. I am aware th unient to the Department of State constitutes a third degree felomber
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.  Douglas A. Shumate, Manager and Member 1.	e with section 605.0203 (1) (b), Florida Statutes. I am aware th ument to the Department of State constitutes a third degree felo

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)