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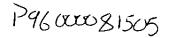
INC.

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236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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1	РНОТОСОРУ		
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x	FILING	CONVERSION	FARE TO
ŀ	HILTL COMMERCIA	L VEHICLES CORPORATION	Salar Film
	CORPORATE NAME AND DOCU		90 5 U
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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 filling of the Articles HILTL COMMERCIAL VEHICLES CORPORATION	s of Conversion is:	
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a	75 78	_
(Enter entity type. Example: corporation, limited partnership, general partnership, common	law or business tros etc.	-
First organized, formed or incorporated under the laws of		Į
(Enter state, or it a non-U.S. entity, the n		
-	一一一一一一三三	
(date of organization, formation or incorporation)	等 3.6 2 3.6 2	
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	les of Organization:	
HILTL COMMERCIAL VEHICLES 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 document's effective date on the Department of State's records.	will not be listed as the	
5. The plan of conversion has been approved in accordance with all applicable statutes.		
 The "Converted or Other Business Entity" has agreed to pay any members having appraisa which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S. 	I rights the amount to	

20_18	
Limited Liability Company:	
The Newbord Service	
tity: See below for required signature(s	0}
T'A Orașidan	
Title: President	
Title:	
	·
Title:	
Title:	
Title:	
or, or Officer. an Incorporator must sign. <u>liability Partnership:</u>	
liability Limited Partnership:	en C
	18 N SECI
	FIL NOV 2.7 AHASS
\$25.00 ion: \$125.00 \$30.00 (Optional) \$5.00 (Optional)	T ANID: 27
	Limited Liability Company: Title: Member/Manager

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	Same: Limited Liability Compa	any is:
HB.TL COMMER	CIAL VEHICLES LLC	
	(Must contain the words "Limited	Hability Company, "L.L.C.," or "LLC.")
ARTICLE II - The mailing add	Address: fress and street address o	the principal office of the Limited Liability Company is:
Principal Offic	e Address:	Mailing Address:
1565 GULESTAR	DRIVE SOUTH	PO BOX 2245
ARTICLE III	12 - Registered Agent, Reg	NAPLES, FL 34106 istered Office, & Registered Agent's Signature:
ARTICLE III (The Limited Liability business entity will	- Registered Agent, Reg ty Company cuntot serve as its or the active Plorida registration.)	NAPLES, FL 34106 distered Office, & Registered Agent's Signature: with Registered Agent. You must designate an individual or another of the registered agent are:
ARTICLE III (The Limited Liability business entity will	- Registered Agent, Reg ty Company cuntot serve as its or the active Plorida registration.)	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another
ARTICLE III (The Limited Liability business entity will	- Registered Agent, Reg by Company cannot serve as its of an active Florida registration.) the Florida street address	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another
ARTICLE III (The Limited Liability business entity will	- Registered Agent, Reg by Company cannot serve as its of an active Florida registration.) the Florida street address	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are:
ARTICLE III (The Limited Liability business entity will	- Registered Agent, Reg ty Company cannot serve as its or the active Plorida registration.) HARLEY CONRAD 5042 RUSTIC OAKS C	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are:
ARTICLE III (The Limited Liability business entity will	- Registered Agent, Reg ty Company cannot serve as its or the active Plorida registration.) HARLEY CONRAD 5042 RUSTIC OAKS C	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are: Name

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. Thereby 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 Agent's Signature (REQUIRED)

(CONTINUED)

18 NOV 27 AM ID: 27
SECRETARY AND 24

		Name and Address:
'AMBR" = Authorize	d Member	
'MGR" = Manager		
MGR		DIETER HOLFELDER
		1565 GULFSTAR DRIVE SOUTH
		NAPLES, FL 34112
 		
		<u></u>
Use attachment if nec	cessary)	
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LE V: Other provision	ns, if any.	
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LE V: Other provision REQUIRED SIGNA	TURE:	
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REQUIRED SIGNA Signature of This document is executany false information su	TURE: a member or a sted in accordance obmitted in a docum155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, 1 am aware that
REQUIRED SIGNA Signature of This document is executary false information sures provided for in s.817	TURE: a member or a sted in accordance obmitted in a docum. 155, F.S. R. MEMBER	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, 1 am aware that ment to the Department of State constitutes a third degree felony
REQUIRED SIGNA Signature of This document is executary false information sures provided for in s.817	TURE: a member or a sted in accordance obmitted in a docum. 155, F.S. R. MEMBER	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, 1 am aware that ment to the Department of State constitutes a third degree felony

ARTICLE IV-