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PEC 2.1 118

T SCHROEDER

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date: 12/19/2018

		Acc#I20160000072	~53JU
Name:	HF Scientific, I	LLC	
Document #:			
Order #:	11340924		
Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
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Thank you!

COVER LETTER

Division of Corporations	
SUBJECT: HF Scientifie, LLC	
(Nume of Resu	ulting Florida Limited Company)
The enclosed Articles of Conversion, Article Business Entity" into a "Florida Limited Lie	les of Organization, and fees are submitted to convert an "Other ability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:
Owen J. Doherty	
(Contact Person)	
Hinckley, Allen & Snyder LLP	
(Firm/Company)	
28 State Street	
(Address)	
Boston, MA 02109	
(City, State and Zip Code)	
odoherty@hinckleyallen.com	,
E-mail Address: (to be used for future annual re-	port notifications)
For further information concerning this mat	itter, please call:
Owen J. Doherty	at (617) 378-4374 (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the	unt: (All checks processed by this office must be payable in US United States)
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$ \$125 for Articles of Organization)	□S180.00 Filing Fees and Certified Copy S185.00 Filing Pees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

INHS11 (7/17)

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 prio	r to the filing of the Articles of Conversion is:
(Enter Name of Other Business Enti	ity)
2. The "Other Business Entity" is a corporation	
(Enter entity type. Example: corporation, limited partners)	sip, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of	State of Florida state, or if a non-U.S. entity, the name of the country)
(Enter:	state, or if a non-U.S. entity, the name of the country)
February 12, 1980 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set HF Scientific, LLC	forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Co	mpany)
4. If not effective on the date of filing, enter the effective date:	11:59 p.m., December 31, 2018
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 d the date this document is filed by the Florida Department of St Note: If the date inserted in this block does not meet the applicabilisted as the document's effective date on the Department of State'	e statutory filing requirements, this date will not be
5. The plan of conversion has been approved in accordance w	vith 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.

SECRETARY OF STATE

Signed this <u>19th</u> day of <u>December</u>	_ 20_18
Signature of Authorized Representative of Limit	
Signature of Authorized Representative:	La R L
Printed Name: Kenneth R. Lepage	Title: Vice President and Secretary
- I filled (value,	
Signature(s) on behalf of Other Business Entity: [3	See below for required signature(s)]
Signature: Kenneth R. Lepage	mit Me De Manage Paratage
Printed Name: Kenneth R. Lepage	Title: Vice President and Secretary
Signature:	<u> </u>
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signatura	
Signature:Printed Name:	Title:
Timed (value	
Signature:Printed Neme:	
Printed Name:	Title:
Olamatura.	
Signature:Printed Name:	Title
Printed Name:	Title.
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnershin
Signature of one General Partner.	(1 1 m cho-311).
Signature of one ocheral runner.	
If Plorida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
-	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

SECRETARY OF STATE
FALL AHASSEE, FLOPIDA

100 FILED 18 DEC 19 AMII: 19

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

HF Scientific, LLC	•		
(Must contain the words "Limited Lie	ability Company, "L.L.C.," or "L.L.C.")	
ARTICLE II	A ddroes:		
The mailing add	ress and street address of th	e principal office of the Limited Li	ability Company is:
Principal Offic		Mailing Address:	
3170 Metro Parkw	av	3170 Metro Parkway	
Fort Myers, Florida		Fort Myers, Florida 33916-7597	
(The Limited Liabilit	y Company cannol serve as its own I	ered Office, & Registered Agent's Registered Agent. You must designate an indiv	Pico -
(The Limited Liabilit business entity with	y Company cannot serve as its own bein active Florida registration.) ne Florida street address of the control	Registered Agent. You must designate an indiv	s Signature: idual or another SECRETALLAHA
(The Limited Liabilit business entity with	y Company cannot serve as its own I an active Florida registration.) ne Florida street address of CT Corporation System	Registered Agent. You must designate an indiv	TALL S
(The Limited Liabilit business entity with	y Company cannot serve as its own I an active Florida registration.) The Florida street address of the CT Corporation System 1200 South Pine Island Roa	Registered Agent. You must designate an individue the registered agent are:	18 DEC 19
(The Limited Liabilit business entity with	y Company cannot serve as its own I an active Florida registration.) The Florida street address of the CT Corporation System 1200 South Pine Island Roa	Registered Agent. You must designate an individue the registered agent are:	18 DEC 19
(The Limited Liabilit business entity with	y Company cannot serve as its own I an active Florida registration.) The Florida street address of the CT Corporation System 1200 South Pine Island Roa	Registered Agent. You must designate an individue the registered agent are:	18 DEC 19 4

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)

ASSESTEET (CONTINUED) MORE PRESIDENT

Company:			
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
AMBR	Watts Regulator Co.		
	815 Chestnut Street		
	North Andover, MA 01845		
(Use attachment if necessary)	ACC	. 3	
		18 DEC	
CLE V: Other provisions, if any. Articles of Organization shall be effective as of	11:59 p.m., December 31, 2018.	613	į
Articles of Organization shall be enceive as or	ربا - لا	_	
	٠.٠٠	— <u>**</u>	
REQUIRED SIGNATURE:	10810 10810 14 0 1	- **	(
K	TAR h	9	
This document is executed in accordance to	nn authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony		
Kenneth R. Lepage, Vice President & Ser	cretary (Authorized Representative) of Watts Regulator Co.		
Тур	ped 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)

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

ARTICLE IV-