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(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
Special Instructions to Filing Officer:

Office Use Only

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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: HAWKEYE TRADERS, LLC		
(Name of	Resulting Florida Limited Company)	
The enclosed Articles of Conversion, A Business Entity" into a "Florida Limited	rticles of Organization, and fees are submitted to convert an "Othe d Liability Company" in accordance with s. 605.1045, F.S.	er
Please return all correspondence concer	ning this matter to:	
DUSTIN PASS		
(Contact Person)		
HAWKEYE TRADERS, LLC		
(Firm/Company)		
14422 SHORESIDE WAY, SUITE 110-160		
(Address)		
WINTER GARDEN, FL 34787		
(City. State and Zip Coc	ie)	Π
dustinpass25@gmail.com		
E-mail Address: (to be used for future annua	d report notifications)	,
For further information concerning this	matter, please call:	
DUSTIN PASS	matter, please call: at (904) 638-1990 Ext 401	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following an dollars and drawn on a bank located in t	nount: (All checks processed by this office must be payable in US he United States)	
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □\$155.00 Filing Fee and Certificate of Status	es □\$180.00 Filing Fees and Certified Copy □\$185.00 Filing Fees. Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

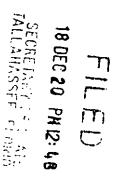
Into

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: HAWKEYE TRADERS, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
on \frac{3/26/2013}{\text{(date of organization, formation or incorporation)}}.
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
HAWKEYE TRADERS. 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.
F. Thurston of accounting to the control of the con

- 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 DECEMBER	20_18
Signature of Authorized Representative of L	imited Liability Company:
Signature of Authorized Representative:	Title: AUTHORIZED PERSON
Signature(s) on behalf of Other Business Entit	y: [See below for required signature(s)]
Signature:Printed Name: RANDALL LINDSEY	Title: MANAGER
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature: Printed Name:	
Signature: Printed Name:	· · · · · · · · · · · · · · · · · · ·
If Florida Corporation: Signature of Chairman, Vice Chairman, Director. If Directors or Officers have not been selected, as	, or Officer.
If Florida General Partnership or Limited Lia Signature of one General Partner.	bility Partnership:
If Florida Limited Partnership or Limited Lia Signatures of ALL General Partners.	bility Limited Partnership:
All others: Signature of an authorized person.	-
Fees:	

\$25.00

\$125.00

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

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: SECRETARY STATE

Signed this 17th day of DECEMBER	2018
Signature of Authorized Representative of Limi	ted Liability Company:
C' C A aborined December	
Signature of Authorized Representative: Printed Name: DUSTIN PASS	Title: AUTHORIZED PERSON
Timed Name.	Title.
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Randoll Linksey	
Printed Name: RANDALL LINDSEY	Tide. MANAGED
Printed Name: RANDALL LINDSET	THE: MANAGER
Signature:	
Printed Name:	Title:
Signature:	77.1
Printed Name:	I itle:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signatura	
Signature:Printed Name:	Title:
Timed Name.	
If 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	tu Partnarchia.
Signature of one General Partner.	ty rattiersing.
Signature of one General Lauren.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
A10 (1)	•
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25,00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
·	* * *

FILED

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SECRETARILLE TO ANALE
FALLAHASSEE FOR APABLE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:
HAWKEYE TRADERS, LLC	
	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of th	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14422 SHORESIDE WAY, SUITE 110-160	14422 SHORESIDE WAY, SUITE 110-160
WINTER GARDEN, FL 34787	WINTER GARDEN, FL 34787
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of t	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
DUSTIN PASS	
N	ame
14422 SHORESIDE WAY.	SUITE 110-160
	P.O. Box NOT acceptable)
WINTER GARDEN	FL 34787
City	Zip
liability company at the place designate registered agent and agree to act in this can statutes relating to the proper and comple accept the obligations of my position as Registered Agent's S	and to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 605, F.S Signature (REQUIRED)

A	RT	r 14	\sim 1	F	IV_{-}
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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR — Manager MGR	RANDALL LINDSEY
	10223 BILLINGHAM DR.
	CHARLOTTE, NC 28269
MGR	DUSTIN PASS
	14422 SHORESIDE WAY, SUITE 110-160
	WINTER GARDEN, FL 34787
	
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	TE C
(Use attachment if necessary)	6
	SCHUTALLA FIORIS
CLE V: Other provisions, if any.	3.
	
	
REQUIRED SIGNATURE:	
sid all desired	

Signature of a member or an authorized representative of a member
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

DUSTIN PASS

Typed 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)