# 19000 156 007

(Requestor's Name)
(Address)
(Address)
(12.333)
(O) (O) (O)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



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D O'KEEFE

JUN 24 2019

W19-45382



May 9, 2019

KEVIN HINE HINE GROUP IMPORTS, LLC P.O. BOX 511324 PUNTA GORDA, FL 33951-1324

SUBJECT: HINE GROUP IMPORTS, LLC

Ref. Number: W19000045382

We have received your document for HINE GROUP IMPORTS, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE Regulatory Specialist II

19 JUN 24 AM 5: 22

Letter Number: 619A00009337

### **COVER LETTER**

Division of C			
SUBJECT: Hine Grou	up Imports, LLC		
50b3EC1		sulting Florida Limited Cor	npany)
The enclosed Articles Business Entity" into	s of Conversion, Artic a "Florida Limited L	eles of Organization, an iability Company" in a	nd fees are submitted to convert an "Othe coordance with s. 605,1045, F.S.
Please return all corre	espondence concernin	g this matter to:	
Kevin Hine			
	(Contact Person)		
Hine Group Imports, LLC	3		
	(Firm/Company)		
7350 Schefflera			
	(Address)		
Punta Gorda, FL, 33955			
((	City, State and Zip Code)	<del></del>	
hinegroupimports@gmail	l.com		
E-mail Address: (to be	e used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please call:	
Kevin Hine		_at (336 )706-9	989
(Name of Conta	ct Person)	(Area Code) (Day	time Telephone Number)
	or the following amou a bank located in the		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 Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAILING A	
New Filing Section Division of Corporati	ons	New Filing S Division of C	
Clifton Building	· · · · · · · · · · · · · · · · · · ·	P. O. Box 632	
2661 Executive Cente Tallahassee, FL 3230		Tallahassee, l	

INHS11 (7/17)

### 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)	<del></del>
2. The "Other Business Entity" is a Limited Liability Company	
(Enter entity type. Example: corporation, limited partnership, general partnersh	ip, common law or business trust, etc.)
First organized, formed or incorporated under the laws of North Carolina (Enter state, or if a non-U.S.	entity, the name of the country)
8/13/2018 on	•
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attack	hed Articles of Organization:
Hine Group Imports, LLC	
(Enter Name of Florida Limited Liability Company)	<del></del> •
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 mor 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 requirement document's effective date on the Department of State's records.	is, this date will not be listed as the
5. The plan of conversion has been approved in accordance with all applicable s	statutes.
<ol> <li>The "Converted or Other Business Entity" has agreed to pay any members havin which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.</li> </ol>	g appraisal rights the amount to S.
	<u>,</u> 2.6., ——
	# <b>19</b>
	JUN 24
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Signed this 13 day of May	20 <u>19</u>
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: <u>Koun</u> Printed Name: Kevin Hine	Title: President
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature(s) on behalf of Other Business Entity:  Signature: Mardy Office  Printed Name: Mandy Hine	·
Printed Name: Mandy Hine	Title: Vice President
Signature:Printed Name:	77.
Printed Name:	1 itle:
Signature:	
Printed Name:	Title:
e:	
Signature:Printed Name:	Titla
Timed Name.	1 He
Signature:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title
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	ty Partnershin:
Signature of one General Partner.	
TERM II TO THE TOTAL THE TAXABLE PARTY.	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others:	
Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of	- Name:			
	the Limited Liability Compan	y is:		
Hine Group Im	ports, LLC			
		ability Company, "L.L.C.," or "LLC.")		
ARTICLE I				
ine mailing	address and street address of tr	ne principal office of the Limited Liability Company is:		
Principal O	fice Address:	Mailing Address:		
7350 Schefflen	1	7350 Schefflera		
Punta Gorda, F	L., 33955	Punta Gorda, FL, 33955		
<del></del>				
11ha				
ine name an	d the Florida street address of t  Kevin Hine	he registered agent are:		
The name an	Kevin Hine			
The name an	Kevin Hine N 7350 Schefflera			
The name an	Kevin Hine N 7350 Schefflera Florida street address ( Punta Gorda	P.O. Box <u>NOT</u> acceptable) F1 33955		
i ne name an	Kevin Hine N 7350 Schefflera Florida street address (	P.O. Box <u>NOT</u> acceptable)		

(CONTINUED)

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Δ	RI	11	'nΙ.	F	IV.

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

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Kevin Hine
	7350 Schefflera
	Punta Gorda, FL, 33955
AMBR	Mandy J. Hine
	7350 Schefflera
	Punta Gorda, FL, 33955
<del></del>	
	<del></del>
(Use attachment if necessary)	
(Use attachment if necessary)  LE V: Other provisions, if any.	
•	
•	
•	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	Vimo
LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Hum M	Kine
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware fument to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.  Kevin Hine	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware ament to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.  Kevin Hine	an authorized representative of a member

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