# L14000175607

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2019 JUL -5 PM 1: 33 SECRETARY OF STATE SECRETARY OF STATE

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# **COVER LETTER**

TO:	New Filing Se Division of Co				
SHR	JECT: Zachary V	Villiam Scot Hartman LLC	:		
300		(Name of Res	ulting Florida Limite	d Com	ipany)
					d fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S.
Pleas	se return all corre	espondence concerning	g this matter to:		
Zach	ary Hartman				
		(Contact Person)			
Zach	ary William Scot Ha	<u></u> .			
		(Firm/Company)			
1647	Bennetts End				
		(Address)			
Fort	Walton Beach, FL, I	32547			
		City, State and Zip Code)			
	iryhartman01@gma				
E-	-mail Address: (to b	e used for future annual re	port notifications)		
For f	urther information	on concerning this ma	tter, please call:		
Zach	ary Hartman		at ( <sup>850</sup>	42073	800
	(Name of Conta	ct Person)		(Day	time Telephone Number)
		or the following amou a bank located in the	•	rocess	sed by this office must be payable in US
(\$25 & \$1	50.00 Filing Fees for Conversion 25 for Articles ganization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
New Divi Clift	EET ADDRESS Filing Section sion of Corporat on Building Executive Cent	ions	New Fi Divisio P. O. B	ling S n of C ox 632	Corporations

Tallahassee, FL 32301

FILED 2019 JUL -5 PM 1: 33 SECRETARY OF STATE TALLAHASSEE, FL

# 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Zachary W.S. Hartman Inc.
(Enter Name of Other Business Entity)
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
(Enter state, or if a non-U.S. entity, the name of the country)
01/09/2019 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:
Zachary William Scot Hartman 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 th	is 24 day of June	20 <u>_19</u>
Signatur	e of Authorized Representative of L	imited Liability Company:
<b>a</b> •		
Signature	of Authorized Representative:	Tist. Drocidant
Printed N	ame: Zachary William Scot Flartman	Title: President
<u>Signatur</u>	e(s) on behalf of Other Business Entity	y: [See below for required signature(s)]
Sionature	3	
Printed N	ome: Zachary William Scot Hartman	Title: President
Signature	:	
Printed N	ame:	Title:
Signature	•	
Printed N	ame:	Title:
Signature	:	Title:
Printed N	ame:	1 itle:
Sionature		
Printed N	ame:	Title:
Signature	: <u></u>	
Printed N	ame:	Title:
If Florids	a Corporation:	
	of Chairman, Vice Chairman, Director,	or Officer.
	ors or Officers have not been selected, ar	
	a General Partnership or Limited Lia	bility Partnership:
Signature	of one General Partner.	
If Florid:	a Limited Partnership or Limited Lia	bility Limited Partnership:
	s of ALL General Partners.	
All other		
Signature	of an authorized person.	
Fees:		
A	articles of Conversion:	\$25.00
	ees for Florida Articles of Organization	
	Certified Copy:	\$30.00 (Optional)
	Certificate of Status:	\$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
Zachary William Scot Hartman LLC,		_	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of the prin	ncipal office of the Limited Liability	Compan	y is:
,		-	
Principal Office Address:	Mailing Address:		
1647 Bennetts End	1647 Bennetts End		
Fort Walton Beach, FL 32547	Fort Walton Beach, FL 32547	<u>-</u> _	
		_	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)			
The name and the Florida street address of the re	gistered agent are:	SEC	2019 JUL -5
Zachary Hartyman	s	AE AE	َ ا
Name		ECRETARY OF ST TALLAHASSEE,	۲.
1647 Bennetts End		38.	P
Florida street address (P.O.	Box NOT acceptable)	FST EE, i	PH 1: 33
Fort Walton Beach	FL 32547	P AT	ည
City	Zip	144	

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. I hereby 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)

ART		CI	W
ARI	11.1	. r. l	. v -

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

Name and Address:	
	TALLAHASSEE, FL
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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.

Zachary William Scot Hartman

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)