# 19000222407

(Requestor's Name)
(Address)
(Address)
(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

R KEMPLE SEP 1 2 2019



000334075450

भूग स्थापन ।। वर्षात्र प्रम

SEP II AN 7:58

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallbassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 912362 4304756
AUTHORIZATION: Spullaceman
COST LIMIT : \$ 150.00
ORDER DATE : September 10, 2019
ORDER TIME : 12:19 PM
ORDER NO. : 912362-010
CUSTOMER NO: 4304756
DOMESTIC AMENDMENT FILING  NAME: HYDROSOME LABS, INC.
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Amanda Robinson -- EXT#

#### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: HYRDROSOME LABS, LLC		
	esulting Florida Limit	ed Company)
The enclosed Articles of Conversion, Arti Business Entity" into a "Florida Limited L	<del>-</del>	on, and fees are submitted to convert an "Other" in accordance with s. 605.1045. F.S.
Please return all correspondence concerni	ng this matter to:	
Stephen Ribble		
(Contact Person)		
Guardian Accounting Group LLC		
(Firm/Company)	1	
4023 N. Armenia Avenue, Suite 100		
(Address)		
Tampa, FL 33607		
(City, State and Zip Code)		
steve@guardianaccountinggroup.com		
E-mail Address: (to be used for future annual r	eport notifications)	
For further information concerning this ma	atter, please call:	
Stephen Ribble	at (	746-8208
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amo dollars and drawn on a bank located in the	•	rocessed by this office must be payable in US
■ \$150.00 Fiting Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Cop	~
STREET ADDRESS:	MAILI	NG ADDRESS:
New Filing Section		ing Section
Division of Corporations		n of Corporations
Clifton Building 2661 Executive Center Circle	P. O. Bo Tallahas	ssee, FL 32314

Tallahassee, FL 32301

## **Articles of Conversion**

For

# "Other Business Entity"

Into

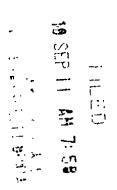
## Florida Limited Liability Company

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: Hydrosome Labs, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (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)
January 18, 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:
Hydrosome Labs, 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 this day of	20_19
Signature of Authorized Representativ	e of Limited Liability Company:
Signature of Authorized Representative: Printed Name: Michael Montemurro	Title: Authorized Member and Manager
Signature(s) on behalf of Other Business	Entity: [See below for required signature(s)]
Signature: Printed Name: Michael Montemurro	Title: President, Treasurer and Secretary
Signature:Printed Name:	Title:
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Di If Directors or Officers have not been selec	rector, or Officer. ted, an Incorporator must sign.
<b>If Florida General Partnership or Limite</b> Signature of one General Partner.	ed Liability Partnership:
If Florida Limited Partnership or Limite Signatures of <u>ALL</u> General Partners.	ed Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organ Certified Copy: Certificate of Status:	\$25.00 ization: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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

10 SEP 11 AM 7: 58

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Con	mpany is:
Hydrosome Labs, LLC	
(Must contain the words "Lin	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

c/o Guardian Accounting Group LLC

4023 N. Armenia Avenue, Suite 100

Tampa, FL 33607

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

c/o Guardian Accounting Group LLC

4023 N. Armenia Avenue, Suite 100

Tampa, FL 33607

Corporation Service Com	pany
Na	me
1201 Hays Street	
Florida street address (P	.O. Box NOT acceptable)
Tallahassee	FL 32301
City	Zip

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.,

Roxanne Turner
Asst. Vice President
Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

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

"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR and MGR	Michael Montemurro	_
-		
	<del></del>	
	· · · · · · · · · · · · · · · · · · ·	
(Has attachment if necessary)		
(Use attachment if necessary)		
(Use attachment if necessary)		
•		
(Use attachment if necessary)  LE V: Other provisions, if any.		
•		
•		
•		
•		
LE V: Other provisions, if any.		
LE V: Other provisions, if any.  REQUIRED SIGNATURE:		
LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of	or an authorized representative of a mem	ıber
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordant.	ice with section 605.0203 (1) (b), Florida Statutes, I	am aware
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordant.	or an authorized representative of a memore with section 605.0203 (1) (b), Florida Statutes. I cument to the Department of State constitutes a third	am aware
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordan any false information submitted in a docast provided for in s.817.155, F.S.	ice with section 605.0203 (1) (b), Florida Statutes, I	am aware
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordant any false information submitted in a document as provided for in s.817.155, F.S.  Michael Montemurro	ice with section 605.0203 (1) (b), Florida Statutes. I cument to the Department of State constitutes a third	am aware
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordant any false information submitted in a document as provided for in s.817.155, F.S.  Michael Montemurro	ice with section 605.0203 (1) (b), Florida Statutes, I	am aware