(Requestor's Name)	
(Address)	400335
(Address)	70000
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	10/07/190
(Document Number)	
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COVER LETTER

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L.L.C.				
	ulting Florida Limite	led Company)		
	_	ion, and fees are submitted to convert an "Other y" in accordance with s. 605.1045, F.S.		
spondence concerning	g this matter to:			
(Contact Person)		-		
(Firm/Company)		•		
(Address)		•		
ty, State and Zip Code)		-		
used for future annual rep	port notifications)	-		
n concerning this mat	ter, please call:			
	at (³²¹) 900-4205		
t Person)		(Daytime Telephone Number)		
_		processed by this office must be payable in US		
□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing I and Certified Copy	_		
:	MAILI	ING ADDRESS:		
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ons		on of Corporations		
V		ox 6327 ssee, FL 32314		
	rporations L.L.C. (Name of Resident Conversion, Article of Conversion, Article of Florida Limited Lieuspondence concerning (Contact Person) (Firm/Company) (Address) ty, State and Zip Code) used for future annual report concerning this mate of Person) r the following amount bank located in the US155.00 Filing Fees and Certificate of Status : ons	(Name of Resulting Florida Limit of Conversion, Articles of Organizati a "Florida Limited Liability Company spondence concerning this matter to: (Contact Person) (Firm/Company) (Address) ty, State and Zip Code) used for future annual report notifications) in concerning this matter, please call: at (321 (Area Code) r the following amount: (All checks parbank located in the United States) [S155.00 Filing Fees and Certificate of Status] [S180.00 Filing Fees and Certified Cop Status] [MAIL] New Filing Status [MAIL] New Filing Status [S180.00 Filing Fees and Certified Cop Status]		

Tallahassee, FL 32301



October 29, 2019

WILLIAM K. HIBBARD, SR PO BOX 372021 SATELLITE BEACH, FL 32937

SUBJECT: TORQUENET, L.L.C. Ref. Number: W19000095533

We have received your document for TORQUENET, L.L.C. and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

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.

Jessica A Fason Regulatory Specialist II

www.sunbiz.org

D O DOM 4005 M H 1 1 2004

Letter Number: 719A00022256

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: Torquenet, L.L.C.
(Enter Name of Other Business Entity)
The "Other Business Entity" is a Limited Liability Corporation (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
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Torquenet, L.L.C.
(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 September	20_19
Signature of Authorized Representative of Lim	
Signature of Authorized Representative: Printed Name: William K. Hibbard, Sr	- 1/4 17/14-0V
Signature(s) on behalf of Other Bysiness Entity:	
Signature: 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·
Printed Name: William K HIGHAL	Title: OWNER,
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	and the second s
rrinted Name:	litle:
Signature:	Til
Printed Name:	itte:
<u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or	Office
If Directors or Officers have not been selected, an In	corporator must sign.
<u>If Florida General Partnership or Limited Liabili</u>	tv Partnership
Signature of one General Partner.	ty runnersmy.
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00 \$30.00 (Ontional)
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

_	e Limited Liability Company	15.	
Torquenet, L.L.C.		ability Company, "L.L.C.," or "LLC.")	_
ARTICLE II - The mailing ad	Address:	e principal office of the Limited Liability (Company is:
Principal Offic	ce Address:	Mailing Address:	
Torquenet, L.L.C.		Torquenet, L.L.C.	_
105 Marlin Drive		P.O. Box 372021	_
Merritt Island, FL	32952	Satellite Beach, FL 32937	_
		ne registered agent are:	
	William K. Hibbard, Sr	ame	
	William K. Hibbard, Sr		
	William K. Hibbard, Sr N. 105 Marlin Drive		
	William K. Hibbard, Sr N. 105 Marlin Drive	P.O. Box <u>NOT</u> acceptable)	
	William K. Hibbard, Sr N 105 Marlin Drive Florida street address (I	P.O. Box <u>NOT</u> acceptable)	

(CONTINUED)

Δ	R1	$\Gamma \mathbf{I}$	C	ΙI	F :	IV	

William K. Hibbard, Sr.

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					
Owner	William K. Hibbard, Sr				
	105 Marlin Drive				
	Merritt Island, FL 32937				
(Use attachment if necessary)					
TICLE V: Other provisions, if any.					
REQUIRED SIGNATURE:					
This document is executed in accordance v	an authorized representative of a member with section 695.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony				

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)