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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

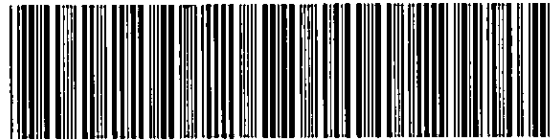
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T. SCOTT



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2019 NOV 25 PM 1:50  
FALL RIVER DISTRICT CLERK

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** HUB CITY ENTERPRISES, LLC  
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Jeffrey A. Icardi, Esq.

(Contact Person)

Icardi & Icardi, P. A.

(Firm/Company)

549 N. Wymore Rd., Suite 109

(Address)

Maitland, FL 32751

(City, State and Zip Code)

Jeff@icardi.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Jeffrey A. Icardi

(Name of Contact Person)

at ( 407 )

(Area Code) (Daytime Telephone Number)

647-1859

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☒ \$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:

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

# ICARDI & ICARDI, P.A.

Attorneys at Law  
549 Wymore Road North, Suite 109  
Maitland, FL 32751

Aldo Icardi  
1921-2011  
Jeffrey A. Icardi

Telephone: (407) 647-1859  
Fax: (407) 459-1040  
jeff@icardi.com

November 19, 2019

State of Florida  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Hub City Enterprises, Inc.  
Articles of Conversion to LLC

Dear Sir or Madam:

Enclosed are executed Articles of Conversion for Hub City Enterprises, Inc. into a Florida limited liability company as well as executed Articles of Organization for the limited liability company. Also enclosed is my check #14649 in the amount of \$150.00 for the filing fees.

If you have any questions, please contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Jeffrey A. Icardi', written over a horizontal line.

Jeffrey A. Icardi

JAI/na  
Encls.

**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:  
HUB CITY ENTERPRISES, INC. - PA5000048829  
(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.)

First organized, formed or incorporated under the laws of FLORIDA  
(Enter state, or if a non-U.S. entity, the name of the country)

on 6/22/95  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  
HUB CITY ENTERPRISES, 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.

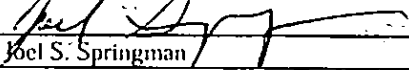
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NOV 25 PM 1:50  
2010

Signed this, 14th day of November 2019.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative:   
Printed Name: Joel S. Springman Title: Manager

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature:   
Printed Name: Joel S. Springman Title: President

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**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)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

HUB CITY ENTERPRISES, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

15 N. Orange Ave.

Orlando, FL 32801

#### Mailing Address:

25 Wall St.

Orlando, FL 32801

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

(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:

JOEL S. SPRINGMAN

Name

25 Wall St.

Florida street address (P.O. Box NOT acceptable)


Orlando

FL 32801

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, 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)

FILED  
2018 NOV 25 PM 1:58  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF ORANGE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Joel S. Springman

4375 S. Atlantic Ave., #A3

New Smyrna Beach, FL 32169

\_\_\_\_\_

\_\_\_\_\_

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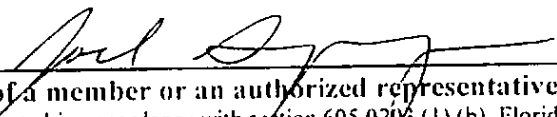
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(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member**  
This document is executed in accordance with section 605.0205 (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.

JOEL SPRINGMAN

\_\_\_\_\_  
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)