1200000015629

(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:

M 2000 Office Use Only

MAR 1 3 2020

T. SCOTT



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02/05/20--01005--004 **150.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

February 27, 2020

BEN RAMSEY 5150 TAMIAMI TR. N., STE. #204 NAPLES, FL 34106 **3**4*1*0**3**

SUBJECT: HARRISON RIDGE SERVICES, LLC

Ref. Number: W20000020831

We have received your document for HARRISON RIDGE SERVICES, 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):

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

Please return the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 120A00004257

2020 MAR - 9 PM 12: 24

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Harrison Ridge Services 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:
Ben Ramsey (beneranseylowfirm. Met) Ramsey Law Firm PULC (Firm/Company)
5150 Tomiam Ts. N., Ste#204
Naples FL 34/03 (City. State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Linda Harrison at (317) 460-0185 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
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)
\$\sum_{\text{\$150.00 Filing Fees}} \ (\sum_{\text{\$155.00 Filing Fees}} \) and Certificate of Status \ \text{\$180.00 Filing Fees} \) Certified Copy and Certificate of Status
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

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:
Hassison Ridge Services, LLC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a /inited liability Company. (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
on April 27, 2006 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Harrison Ridge Services 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 3rd day of Feb.	
Signature of Authorized Representative of Limi	
Signature of Authorized Representative:	26/200
Printed Name: Region & Parises	Title: attacher
<u> </u>	
Signature(s) on behalf of Other Business Entity:	[See below for required signature
Signatura Francisco	
Signature: Sun S Francey Printed Name: Baigano S Romey	Title: Att.
Timed Name. Da and 3 Family	_ True
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
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Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
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Signature:	
Printed Name:	
If Florida Corporation.	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an Inc	
If Dismide Company Destaurable on Limited Linkill	ty Partnership:
If Florida General Partnership or Limited Liabili Signature of one General Partner.	
Signature of one General Partner.	ty Limited Partnership:
	ty Limited Partnership:
Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. All others:	ty Limited Partnership:
Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. All others: Signature of an authorized person.	ty Limited Partnership:
Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. All others: Signature of an authorized person. Fees:	
Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. All others: Signature of an authorized person. Fees: Articles of Conversion:	\$25.00
Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. All others: Signature of an authorized person. Fees:	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
of the Emilied Elability Company is:	
Harrison Ridge Ser (Must contain the words "Limited Liability	vices LLC y Company, "L.L.C." or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14500 Tamiani To E., # 606 Noglas, FL 34114	"Sane"
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the n	egistered agent are:
<u>Linda A Har</u> Name	<u> </u>
14500 Tamiami Florida street address (P.O.	Trail E., #606 Box NOT acceptable)
Naples City	FL 3 4/14 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)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBK	Linda A. Harrison 14500 Tamiani Trail E., #600 Naples, FL 34114
· · · · · ·	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	2 5 Z
REQUIRED SIGNATURE:	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance with the second accordance with the secon	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware nent to the Department of State constitutes a third degree fe
Signature of a member or a This document is executed in accordance vany false information submitted in a document as provided for in s.817.155. F.S.	with section 605.0203 (1) (b). Florida Statutes, I am aware nent to the Department of State constitutes a third degree for
Signature of a member or a This document is executed in accordance vany false information submitted in a document as provided for in s.817.155. F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability

Company: