L20000115048

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
1
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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04/20/20--01029--009 **185.00

O'KEEFE APR 3 0 2020

W20-40321



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 23, 2020

CARLOS E. HILLMAN SOUTHERN CROSS CONSULTING LLC 8098 HOBBES WAY PALM BEACH GARDENS, FL 33418

SUBJECT: SOUTHERN CROSS PROJECTS LLC

Ref. Number: W20000040321

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

Please complete the Articles of Conversion. A required signature is missing. . v

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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 420A00008509

COVER LETTER

TO:	New Filing Son Division of C					
SUBJ	ECT. SOUTHE	ERN CROSS PROJECT	S LLC			
5020		(Name of Res	ulting F	lorida Limit	ed Cor	npany)
						d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corre	espondence concerning	g this n	natter to:		
CARLO	OS E. HILLMAN					
		(Contact Person)			•	
SOUT	HERN CROSS	CONULTING				
		(Firm/Company)			-	
8098 H	HOBBES WAY					
		(Address)			-	
PALM	BEACH GARDS	ENS.				
		City, State and Zip Code)	<u> </u>		_	
carlosi	›› nillman@hotmai					
		e used for future annual re	port noti	fications)	=	
		on concerning this ma				
Carlos	e Hillman		at (703	867	3395
	(Name of Conta	ct Person)		Area Code)	./ (Day	rtime Telephone Number)
		or the following amou a bank located in the			roces	sed by this office must be payable in US
(\$25 for & \$125	0.00 Filing Fees r Conversion for Articles nization)	\$155.00 Filing Fees and Certificate of Status		0.00 Filing ertified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing So Division of C	ection orporations			New Divis	t Address: Filing Section ion of Corporations Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: Southern Cross Consulting LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc
First organized, formed or incorporated under the laws of
December, 8, 2013
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: SOUTHERN CROSS PROJECTS 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 17 day of APRIL	_ 20_ 20
Signature of Authorized Representative of Limi	ted Lighility Company
Signature of Authorized Representative of Emin	ted Clabilly Company.
Signature of Authorized Representative:	
Printed Name: CARLOS E HILLMAN	Title: PRESIDENT
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature(s) on benait of Other Business Entity:	
Signature:	<u> </u>
Printed Name: CANUS E. Hillman	Title: President
Signature:	
Printed Name:	Title:
6'	
Signature:	Tial
Printed Name:	TRIC:
Signature:	
Printed Name:	Title
Timed Name.	
Signature:	
Printed Name:	Title:
<u> </u>	
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Plants Commel Bankarantin and the last Linkship	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty rarmership:
Signature of one General Faturer.	
If Florida Limited Partnership or Limited Liabilit	ty Limited Partnershin:
Signatures of ALL General Partners.	y similar artifersing.
<u> </u>	
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:	

SOUTHERN CROSS PROJECTS 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:	Mailing Address:		
8098 HOBBES WAY	8098 HOBBES WAY		
PALM BEACH GARDENS, FL, 33418	PALM BEACH GARDENS,FL, 33418		

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:

BENJAMIN DANIEL HILLMAN	
Name	
8051 HOBBES WAY	
Florida street address (P.O.	Box NOT acceptable)
PALM BEACH GARDENS	FL ³³⁴¹⁸
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)

ARTICLE IV-

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

Title:	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager PRESIDENT	CARLOS E HILLMAN			
FRESIDEIVI	8098 HOBBES WAY			
	PALM BEACH GARDENS, FL, 33418			
	PALINI BLACIT GARDENS, I C, 33416			
				
(Use attachment if necessary)				
(Ose attachment if necessary)				
CLE V: Other provisions, if any.	·			
CLE V. Odiei provisions, ii any.	٤			
REQUIRED SIGNATURE:	V			
TT.	1			
	M_{r} , \mathcal{I}			
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 the			
any false information submitted in a docur	ment to the Department of State constitutes a third degree felo			

CARLOS E HILLMAN

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)