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TO: New Filing Section Division of Corporations: SUBJECT: TH SHUTTLE LLC (Name of Resulting Florida Limited Company) The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Oth Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: LEROY HARDGE (Contact Person) TH SHUTTLE LLC (Firm/Company)	
(Name of Resulting Florida Limited Company) The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Oth Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: LEROY HARDGE (Contact Person) TH SHUTTLE LLC	
(Name of Resulting Florida Limited Company) The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Oth Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: LEROY HARDGE (Contact Person) TH SHUTTLE LLC	
Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: LEROY HARDGE (Contact Person) TH SHUTTLE LLC	
LEROY HARDGE (Contact Person) TH SHUTTLE LLC	her
(Contact Person) TH SHUTTLE LLC	
TH SHUTTLE LLC	
(Firm/Company)	
18311 HIGHWOODS PRESERVE PARKWAY UNIT 3307	
(Address)	
TAMPA, FLORIDA 33647	
(City, State and Zip Code)	
HARDGE10922@COMCAST.NET	
E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
LEROY HARDGE at (253)961-1337	
(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)	ſS
S150.00 Filing Fees (\$155.00 Filing Fees and Certified Copy and Certificate of Status of Organization)	
Mailing Address: Street Address:	
New Filing Section New Filing Section	
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

INHS11 (7/17)

Tallahassee, FL 32314

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: TH SHUTTLE LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
04-02-2018 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: TH SHUTTLE 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 14	day of APRIL	20	
Signature of Autho	rized Representative of Lim	ited Liability Company:	
Signature of Authori Printed Name:/LEROY	ized Representative:	Title: CEO	
Signature(s) on beha	alf of Other Business Entity:	[See below for required signature	e(s)]
Signature:	- When		
Printed Name: LEROY	HARDGE.	Title: CEO	
Signature:			
Printed Name: JUANIZ	AJACKSON	Title: SECRETARY	
Signature:			
Printed Name:		Title:	
Signature:		49.1	
Printed Name:	· · · · · · · · · · · · · · · · · · ·	Title:	
Signature:			
Printed Name:		Title:	
Signature:		Title:	20
Printed Name:	· · · · · · · · · · · · · · · · · · ·	Title:	 : - ·
If Florida Corporati			
	in, Vice Chairman, Director, or rs have not been selected, an In		
		· ·	ļ.,
If Florida General P Signature of one Gen	<u>Partnership or Limited Liabil</u> eral Partner.	ty Partnership:	1 N
If Florida Limited P Signatures of ALL G	Partnership or Limited Liabili eneral Partners.	ty Limited Partnership:	
All others: Signature of an autho	orized person.		
Fees:			
Articles of C Fees for Flor Certified Cop Certificate of	ida Articles of Organization: py:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	ility Company is:		
TH SHUTTLE LLC			
(Must contain the v	words "Limited Liability	Company, "L.L.C.," or "	Li.C.")
ARTICLE II - Address: The mailing address and street	t address of the pri	ncipal office of the	Limited Liability Company is:
Principal Office Address:		Mailing Address	<u>:</u>
18311 HIGHWOODS PRESERVE UNIT 3307 TAMPA FL 33647	PARKWAY	18311 HIGHWOODS UNIT 3307 TAMPA FL 33647	S PRESERVE PARKW,
(The Limited Liability Company cannot business entity with an active Florida of The name and the Florida street LEROY HAP	egistration.) et address of the re		<u></u>
18311 HIGH	HWOODS PRESERVE	E PARKWAY UNIT 330	07
		Box <u>NOT</u> acceptat	
TAMPA		FL 33647	
	City	Zip	
liability company at the p registered agent and agree to statutes relating to the prop	place designated in a o act in this capacit per and complete po	this certificate, I her ty. I further agree to erformance of my di	vocess for the above stated limited reby accept the appointment as o comply with the provisions of al uties, and I am familiar with and vided for in Chapter 605, F.S.

(CONTINUED)

ARTICLE IV-

LEROY HARDGE

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			
AMBR	LEROY HARDGE UNIT 3307		
	18311 HIGHWOODS PRESERVE PARKWAY		
	TAMPA FL, 33647		
AMBR	JUANITA JACKSON		
	18546 OTTERWOOD AVENUE		
	TAMPA, FL 33647		
	· · · N		
(Use attachment if necessary)			
	<u>.</u>		
LE V: Other provisions, if any.	E Company of the Comp		
	<u> </u>		
			
REQUIRED SIGNATURE:			
<u> </u>			
Le	1450		
Signature of a member or	an authorized representative of a member		
This document is executed in accordance	e with section 605,0203 (1) (b), Florida Statutes, I a		
any false information submitted in a docu as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degre		

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)