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| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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09/17/20--01019--017 **150.00



J. FASON 0CT 0 8 2020

COVER LETTER

| TO: New Filing Sect Division of Cor | | | | |
|--|---|--------------------------------------|---|-------|
| SUBJECT: OFF | DA HOOK, | LC Discouling to the limited | 16 | |
| | (Name of Rest | ilting Florida Limited | d Company) | |
| | | = | on, and fees are submitted to convert an "C" in accordance with s. 605.1045, F.S. | Other |
| Please return all corresp | oondence concerning | this matter to: | | |
| Kim S. HA | milton | | | |
| | (Contact Person) | _ | | |
| OFF DA | HOOK LLC | | | |
| V | (Firm/Company) | | | |
| 30985 Kel | min Tenn (Address) | | | |
| | (Address) | | | |
| Wesker Chap | V. State and Zip Code) | 543 | | |
| | | | | |
| odh 11c 2028 | e gmail. Com | 1 | | |
| E-mail Address: (to be a | OC GMAIL. COM used for future annual rep | oort notifications) | | |
| For further information | concerning this mat | ter, please call: | | |
| Kim s. Hm | mi/fon | at (443) | 226-1206 (Daytime Telephone Number) | |
| (Name of Contact | Person) | (Area Code) | (Daytime Telephone Number) | |
| Enclosed is a check for dollars and drawn on a | | | rocessed by this office must be payable in | ı US |
| (\$25 for Conversion a | S155.00 Filing Fees and Certificate of Status | □\$180.00 Filing Fand Certified Copy | | |
| Mailing Addre | <u>ss:</u> | <u>s</u> | Street Address: | |
| New Filing Sec | tion | | New Filing Section | |
| Division of Cor | porations | | Division 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: OFF DA HOOK 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 MISSOURI, Ly-2019 (Enter state, or if a non-U.S. entity, the name of the country) |
| on 2 July 2019 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| OFF DA HOOK LLC |
| (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: 14 54+2020. (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 50th | _20_ 20 |
|---|--|
| Signature of Authorized Representative of Limi | ted Liability Company: |
| Signature of Authorized Representative: 12/ Printed Name: Kim S. Hamilton | Title: 1 PAEMSEL MANAGER |
| Signature(s) on behalf of Other Business Entity: | |
| Signature: and J. Hamilton Printed Name: CAndiss J. Hamilton | _Title: _AMBR |
| Signature: | |
| Printed Name: | Title: |
| Signature:Printed Name: | Title |
| ranteu Name. | |
| Signature:Printed Name: | m. i |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Signature:Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc. | |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: |
| If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners. | ty Limited Partnership: |
| All others: Signature of an authorized person. | |
| Fees: | |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Compan | ny is: |
|--|--|
| OFF DA HOOK LLC | |
| (Must contain the words "Limited L | Liability Company, "L.L.C.," or "LL.C.") |
| ARTICLE II - Address: The mailing address and street address of t Principal Office Address: | the principal office of the Limited Liability Company is Mailing Address: |
| 30985 Kelmin Terr Wesley Chapk, FL 33543 | |
| ARTICLE III - Registered Agent, Registered | tered Office, & Registered Agent's Signature: |

The name and the Florida street address of the registered agent are:

business entity with an active Florida registration.)

ARTICLE I - Name:

Candiss J Hami/for

Name

30985 Ke/min Tenn

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

Wesley Chaple FL 33543

City Zip

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

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)

| Α | RTI | CI | F | IV_{-} |
|---|-----|----|---|----------|

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

| 'MGR" = Manager | |
|---|---|
| | 1 11 11 |
| MGR | Kims Hamilton |
| | 30985 Kelmin Terr |
| | wesley Chaple, F1 33543 |
| AMBR | CANDISS S. HAMILTON |
| | 30985 Kelmin Tenn |
| | Wesley Chaple F1 33543 |
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| Use attachment if necessary) | |
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| LE V: Other provisions, if any. | |
| LE V: Other provisions, if any. | |
| LE V: Other provisions, if any. | 202 |
| | 2020 SE |
| REQUIRED SIGNATURE: | 2070 SEP |
| REQUIRED SIGNATURE: | Hamilton 7 |
| | Hamilton 37 |
| REQUIRED SIGNATURE: aulivs 9 Signature of a member or | an authorized representative of a member) |
| Signature of a member or | an authorized representative of a member 5 e with section 605.0203 (1) (b), Florida Statutes, I am aware |
| Signature of a member or This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S. | an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I amiaware ument to the Department of State constitutes a third degree fellows. |
| Signature of a member or This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S. | an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. Lamaware |

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)