L20000317120

(Re	equestor's Name)	
(,	
	idress)	
(AC	iaress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
·	•	•
(Dr	ocument Number)	
(50	outhern Humber,	
Continue Comme	C	1.00
Certified Copies	_ Certificates	of Status
·		
Special Instructions to	Filing Officer:	
is		
	t	
W/20000	113389	

Office Use Only



600353044966

DIVISION OF COMPORATION OF THE COMPORATION OF COMPORATION OF THE COMPORATION OF THE COMPORT OF T

2020 OCT -1 PH 2: 0

RECEIVED

C RICO OCT - 1 PM 12: 3



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301



EXAMINER'S INITIALS:

Phone: 850-558-1500 Phone: 850-558-1500 Phone: 850-558-1500	7		
ACCOUNT NO. : I2000000195	· e ,		
REFERENCE : 443661 4311863			
AUTHORIZATION: Squelle Man			
COST LIMIT : \$ 180.00			
ORDER DATE : October 1, 2020			
ORDER TIME : 1:19 PM			
ORDER NO. : 443661-015			
CUSTOMER NO: 4311863			
DOMESTIC FILING	DIVISII TALL	2020 0	֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֡
NAME: HAINSPORT MARINE LLC	AHASSEE.	2020 OCT 15 PM 2:	S CELV
EFFECTIVE DATE:		H 2:	[] []
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION/CONVERSION	TICH:	15	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING			
CONTACT PERSON: Amanda Robinson - EXT. 62968			

COVER LETTER

				—
TO: New Filing Division o	g Section f Corporations			
SUBJECT: Hains				
 -	(Name of	Resulting Florida I	imited C	Omnany
The enclosed Artic	eles of Comme			
		• .	•••,	and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all co	rrespondence concern	ing this matter t	to:	,
Ivy M. Shapiro, Para	ilegal			
Blank Rome LLP	(Contact Person)			
	/Firm/Communication			
One Logan Square	(Firm/Company)			
	(4.12			
Philadelphia, PA 191	(Address)			
robyn@bluedogsoluti	(City, State and Zip Code)			
			_	
	be used for future annual re			
For further informat	ion concerning this ma	atter, please call	l :	
Ivy M. Shapiro		245		5784
(Name of Cont	act Person)	aı (,	ytime Telephone Number)
Enclosed is a check	for the following	(Caran Cara	C) (Day	ytime Telephone Number)
dollars and drawn or	a bank located in the	int: (All checks United States)	process	sed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	\$180.00 Filin and Certified Co	g Fees opy	S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add	F0561			
New Filing S	ection		Street	Address:
Division of C	orporations		Division	filing Section on of Corporations
P.O. Box 632			The C	entre of Tallahassee
Tallahassce, F	L 32314		2415 N	N. Monroe Street, Suite 810 assee, FL 32303

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:
(Enter Name of Other Business Entity)
2. The World In the limited lightly and
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
01/25/2017 (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(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 day ofOctober	20 <u></u> 2
Signature of Authorized Representative of Lin	mited Liability Company:
Signature of Authorized D.	
Printed Name: Timothy Fox	Kitle: Sole Wember
Signatura(s)	True agre Meluper
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Printed Name: Timothy Fox	Title: Sole Member
Signature	1110.
Signature: Printed Name:	
Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	Officer.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	
Fees for Florida Articles of Organization:	\$25.00
Certified Copy:	\$125.00 \$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		MATT COMPANY
The name of the Limited Liability Compa	ny is:	
Hainsport Marine LLC		
(order contain the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of t	ha nuincia 1 co	
	me principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	,
8476 SE Mangrove Street		
Hobe Sound, FL 33455	8476 SE Mangrove Street	_
	Hobe Sound, FL 33455	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Fouriness entity with an active Florida registration.)	same to a mast designate an inc	t's Signature: lividual or another
The name and the Florida street address of t	he registered agent are:	2020 OCT
Corporation Service Comp	Dany	8 1
	ame	-n, 1 (100)
		- -
1201 Hays Street		P 3
Florida street address (F	P.O. Box NOT acceptable)	N 72 0
Tallahassee	FL 32301	30 . L
City	Zip	Ü
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as Corporation Service Com-	eacity. I further agree to comply we to performance of my duties, and I registered agent as provided for	t the appointment as with the provisions of all

(CONTINUED)

ARTICLE	IV-
---------	-----

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	-	
AMBR	Timothy Fox 8476 SE Mangrove Street Hobe Sound, FL 33455		
(Use attachment if necessary)		ZuZu OCT - I	1
ARTICLE V: Other provisions, if any.		PH 12: 30	
REQUIRED SIGNATURE:			
Signature of a member or an au This document is executed in accordance with se any false information submitted in a document to as provided for in s.817.155, F.S.	thorized representative of a member ection 605.0203 (1) (b), Florida Statutes. I am aware that the Department of State constitutes a third degree felony		
Timothy Fox	5		
Typed or	printed name of signee		
	Filing Fees anization and Designation of Registered Agen 5 5.00 Certificate of Status (Optional)	t	