12000376612

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

W 3WV 138730

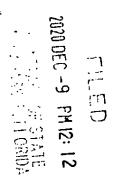
T. SCOTT



800354998728

12/09/20--01018--005 **62.58

11/12/20--01012--004 **122.50





FLORIDA DEPARTMENT OF STATE Division of Corporations

November 20, 2020

ROBERT DAVIS 11329 FLORA SPRINGS DR. RIVERVIEW, FL 35579

SUBJECT: 4096 HART LTD, LLC Ref. Number: W20000133730

We have received your document for 4096 HART LTD, LLC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please remove LTD from name and complete correct conversion documents with balance \$27.50. Also, the operating agreement s not required.,

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: 120A00023476

620915 nd PH 2:53

www.sunbiz.org

COVER LETTER

TO: New Filing S Division of C				
SUBJECT:	4096 14	ART LLC		
	(Name of Res	AAT LLC ulting Florida Limite	d Com	pany)
				I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:		
Robi	(Contact Person)			
	(Firm/Company)			
/1329	FLORA SPMNY (Address)	S D.C.		
Riv	City, State and Zip Code)	33579		
E-mail Address: (to t	1492 @ Gr1A) be used for future annual rep	port notifications)		
For further informati	on concerning this mat	tter, please call:		
(Name of Cont	AT OAVIS	_at (<u>813</u>) (Area Code)	2.5 (Dayt	ime Telephone Number)
	for the following amou a a bank located in the l		ocesso	ed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing F and Certified Copy		X\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add New Filing S Division of C P.O. Box 632	ection Corporations 27	7 1 7	New F Division The Co	Address: illing Section on of Corporations entre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810		N. Monroe Street, Suite 810		

Tallahassee, FL 32303

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.

	ediately prior to the filing of the Articles of Conversion is:
(Enter Name of Othe	r Business Entity)
2. The "Other Business Entity" is a	POLATION LLC mited partnership, general partnership, common law or business trust, etc
First organized, formed or incorporated under the	(Enter state, or if a non-U.S. entity, the name of the country)
on OS/19/06 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Cor	mpany as set forth in the attached Articles of Organization:
(Enter Name of Florida Limite	HART LLC ed Liability Company)
the date this document is filed by the Florida I	pplicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approved in a	ccordance with all applicable statutes.
6. The "Converted or Other Business Entity" has ag which such members are entitled under ss. 605.1	greed to pay any members having appraisal rights amount to 1006 and 605.1061-605.1072, F.S.

Signed this 3 to day of December	_20 <u>_</u> 20
Signature of Authorized Representative of Limi	
Signature of Authorized Representative:	MA li
Printed Name: ROBORT DAVIS	Title: PRESIDENT
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signatura.	
Signature: // / / / Printed Name: Rosent Office	Title: PAGLONET
The state of the s	
Signature:	
Printed Name:	Title:
Ciarantona.	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Timed Name.	
Signature:	
Printed Name:	Title:
If Florida Componitions	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
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)

A Comment of the Comment

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability Com	<u>C</u>
(Must contain the words "Limited Liability Com	ipany, "L.L.C.," or "LUC.")
ARTICLE II - Address:	
The mailing address and street address of the princip	bal office of the Limited Liability Company is:
Principal Office Address: M	ailing Address:
11329 FLORA SPLINGS PR	11329 FWAA SPRING DR.
11329 FLORA SPANYS AR RIVERVIEW, FL 33579	RIVONUIN / 33579
	
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its own Registered Abusiness entity with an active Florida registration.)	
The name and the Florida street address of the regist	tered agent arc:
BALLALA TAVIS	
1SALJALA NAVIS Name	
11329 FLORA IPLIN	64 81
Florida street address (P.O. Box	
RIVENVIEW	FI 77179
RIVERVIEW City	Zip
Having been named as registered agent and to acc liability company at the place designated in this registered agent and agree to act in this capacity. I statutes relating to the proper and complete perfo accept the obligations of my position as register	certificate, I hereby accept the appointment as I further agree to comply with the provisions of all ormance of my duties, and I am familiar with and
all Ai	
Registered Agent's Signatur (CONTINUEI	NDEC F.

A	D	TI	1	٦,	F	ľ	U_{-}

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	1.1 1- AA ::
_AMBK	ROBERT DAVIS 11329 FLORA SIKINGS DK. RIVERVION, FL. 33579
	115 CA PLONA STRINGS OR.
	19 19 19 19 19 19 19 19 19 19 19 19 19 1
	
/II I / C	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	1
/ /	
//	
/	·
	or an authorized representative of a member
This document is executed in accordar	nce with section 605.0203 (1) (b), Florida Statutes. I am aware the
any false information submitted in a do as provided for in s.817.155, F.S.	cument to the Department of State constitutes a third degree felo
1-1-	at 11.00
<u> </u>	Typed or printed name of signee
	Filing Fees
\$125 00 Filing Foo for Artisla	
	s of Organization and Designation of Registered A
\$ 30.00 Certified Copy (Option	onal) \$ 5.00 Certificate of Status (Option