L21000002919

(December 1)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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TO: New Filing S			· ^		
Division of C	•				
SUBJECT: MMRE	HR SERVICES LLC	·			
	(Name of Res	ulting Florida Li	mited Con	npany)	
				d fees are submitted to convert an eccordance with s. 605.1045, F.S.	"Othe
Please return all corr	espondence concernin	g this matter to):		
H. LEON HOLBROOK	ζ, ΙΙΙ				
	(Contact Person)				
	(Firm/Company)				
10151 DEERWOOD F	PARK BLVD, BLDG 300,	SUITE 300			
	(Address)				
JACKSONVILLE, FL 3	32256				
	City, State and Zip Code)				
hholbrook@lippes.cor	m				
E-mail Address: (to b	pe used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please ca	1:		
H. LEON HOLBROOK	ς, π	_at (660-	0020 EXT 1530 rtime Telephone Number)	
(Name of Conta	act Person)	(Area Co	de) (Day	rtime Telephone Number)	
	for the following amou a bank located in the			sed by this office must be payable i	in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	S180.00 Fill and Certified (S185.00 Filing Fees. Certified Copy, and Certificate of Status	
			_		

Mailing Address:

New Filing Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, 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: MMRE HR SERVICES LLC
(Enter Name of Other Business Entity)
The "Other Business Entity" is a limited liability company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
05/02/2019 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:
MMRE HR SERVICES LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: \(\int \begin{align*} \int \begin{align*} \int \begin{align*} \int \begin{align*} \left(\begin{align*} \le
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 t	his 3rd day of December	20 20
	re of Authorized Representative of Limito	
Signatur Printed I	re of Authorized Representative:	Title: Markager
Signatu	re(s) on behalf of Other Business Entity: [S	ee below for required signature(s)]
Signatur Printed l	Name: / Lindsey Bargeron	Tille: Managek
	rc: Name:	Title:
Signatur Printed	re:Naine:	Title:
Signatur Printed	re:Name:	Title:
Signatur Printed	re: Name:	_ Title:
Signatur Printed	re: Name:	_Title:
Signatu	da Corporation: re of Chairman, Vice Chairman, Director, or C tors or Officers have not been selected, an Inc	Officer. orporator must sign.
<u>If Flori</u> Signatu	da General Partnership or Limited Liabilit re of one General Partner.	y Partnership:
<u>If Flori</u> Signatu	ida Limited Partnership or Limited Liabilit ires of <u>ALL</u> General Partners.	y Limited Partnership:
All oth Signatu	ers: are 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)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	

MMRE HR SERVICES 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:
4830 West Kennedy Blvd	4830 West Kennedy Blvd
Suite 600 Tampa, Ft. 33809	Suite 600
Territori, FL 33009	Tampa, FL 33609

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:

Registered Agents, Inc	
N	ame
7901 4th	Street N Suite 300
Florida street address (f	P.O. Box NOT acceptable)
St. Petersburg	FL 33702
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	Codess Possess
AMBR	Lindsey Bergeron
	4830 West Kennedy Blvd Suite 600
	Tampa, FL 33609
MGR	Lindsey Bergeron
	4830 West Kennedy Blvd Suite 600
	Tampa, FL 33609
	
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(Use attachment if necessary) ICLE V: Other provisions, if any.	
REQUIRED SIGNATURE: SINGRY BEGN	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felong
Lindsey Bergeron	
	rped 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)