# L21000 130173

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000362979190

21位至39 研究中

2021 N.C.S 29 PH 2: 23

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE -585736 COST LIMIT \$ 150.00 ORDER DATE: December 23, 2020 ORDER TIME : 11:57 AM ORDER NO. : 585736-025 CUSTOMER NO: 8329354 DOMESTIC AMENDMENT FILING NAME: HYBRID RESEARCH COMPUTING LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT/CONVERSION \_\_\_\_ RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

#### **COVER LETTER**

TO: New Filing S Division of O				
SUBJECT: HYBRI	D RESEARCH COMPUT	ING LLC		
50b/EC1,	(Name of Res	sulting Florida Limit	ed Con	npany)
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all cor	respondence concernin	g this matter to:		
Stephanie Battista				
	(Contact Person)			
Hybrid Research Con	nputing			
	(Firm/Company)			
4850 Tamiami Trail N	orth, Suite 300			
	(Address)		•	
Naples, FL 34103	,			
	City, State and Zip Code)		·	
sb@hybridresearchco	•			
	be used for future annual re	nort notifications)		
For further informat	ion concerning this ma	tter, please call:		
Stephanie Battistaa		_at ( <u>888</u>	525.4	1449
(Name of Cont	act Person)		(Day	time Telephone Number)
	for the following amount a bank located in the		rocess	sed 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 and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add New Filing S Division of C P.O. Box 633	Section Corporations		New I Divisi	t Address: Filing Section on of Corporations Sentre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: HYBRID RESEARCH COMPUTING LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(Effect entity type: Example: corporation, filmited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
01/30/2020
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Hybrid Research Computing
(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 19th day of March	_ 20
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Signature of Authorized Representative: Printed Name: Stephanie Battista	Title: Member
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)
Signature: Printed Name: Stephanie Battista	Title: Member
Timed Name, otophano Battota	Title.
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	
Signature:Printed Name:	Tisla
rimed Name:	
Signature:	
Printed Name:	_ Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or C	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabilit	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y 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

ARTICLE I - Name:

HYBRID RESEAR			Company, "L.L.C.," or "LLC.")		_	
ARTICLE II - A The mailing addre		dress of the pri	ncipal office of the Limite	d Liability (	Compar	ıy is:
Principal Office	Address:		Mailing Address:			
4850 Tamiami Trai	l North, Ste 300		4850 Tamiami Trail North,	Ste 300		
Naples, FL 34103		<del></del>	Naples, FL 34103		<del>-</del>	
(The Limited Liability) business entity with ar	Company cannot serve i active Florida registr	e as its own Registe ation.)  Idress of the re	Office, & Registered Agreed Agent. You must designate an gistered agent are:	ent's Signa individual or ar	ture) PH 2:	
	4850 Tamiami			٦	23	
	Florida street	address (P.O.	Box NOT acceptable)			
	Naples		FL 34103 Zip			
		City	Zip			
liability com registered agen statutes relatii	pany at the place t and agree to act ig to the proper a	designated in t t in this capacit and complete pe	accept service of process f this certificate, I hereby ac y. I further agree to comp erformance of my duties, a stered agent as provided fo	cept the app ly with the p nd I am fami	ointmen rovision iliar witi	nt as ns of all h and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

#### ARTICLE IV-

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

11tle:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Stophonic Pottiete
AWDN	Stephanie Battista 4850 Tamiami Trail North, Suite 300
	Naples, FL 34103
	Naples, FL 34103
	<del></del>
	<del></del>
	<del></del>
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)  CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware the
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document in a docum	e with section 605.0203 (1) (b), Florida Statutes. I am aware the
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance.	e with section 605.0203 (1) (b), Florida Statutes. I am aware the
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am aware the
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document approvided for in s.817.155, F.S.  Stephanie Battista	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware thument to the Department of State constitutes a third degree felo

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)