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	(Requestor's Name)
<u> </u> 	(Address)
	(Address)
	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certif	ed Copies Certificates of Status
Spe	cial Instructions to Filing Officer:
	<u>'</u>

Office Use Only



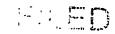
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COVER LETTER

TO:	New Filing So Division of C				
SHR	JECT:	L.A. Hu	int LLC		
30D	лст	(Name of Res	ulting Florida Limi	ted Com	ipany)
The 6 Busin	enclosed Articles ness Entity" into	s of Conversion. Artic a "Florida Limited Li	les of Organizat ability Compan	ion, and	d fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S.
Pleas	e return all corre	espondence concerning	g this matter to:		
	Rog	er D. Wiegley		_	
		(Contact Person)			
	Law Offic	es of Roger D. Wiegley			
		(Firm/Company)		_	
	633 Cer	ntral Road, Box 432			
		(Address)		-	
	Rye B	each, NH 03871			
		City, State and Zip Code)	_ .	_	
		@wiegleylaw.com			
E-	mail Address: (to b	e used for future annual re	port notifications)	-	
For f	urther informati	on concerning this ma	tter. please call:		
	Roger D. Wie	egley	at () 517	-6137
	(Name of Conta	ict Person)) (Day	time Telephone Number)
		or the following amou a bank located in the		process	eed by this office must be payable in US
(\$25 t & \$12	50.00 Filing Fees for Conversion 15 for Articles ganization)	□S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee,	ection orporations 7		New I Divisi The C 2415	Address: Filing Section ion of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303

INHS11 (7/17)



2321 HAR 19 PH 1: 28

Articles of Conversion For

"Other Business Entity" Into

SECRETE IN UP STATE TALE OF ACCES, FL

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: L.A. Hunt LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
the Commonwealth of Virginia
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
07/28/2000
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: L. A. Hunt LLC
(Enter Name of Florida Limited Liability Company)
(Effect Name of Fronda Eminted Engliney 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 10th day of March	20
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative:	Title: Authorized Attorney
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Roger D. Wiegley	_Title: _Authorized Attorney
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	
Signature:Printed Name:	Title:
Signature:Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability	corporator must sign.
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL 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)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lim	e: nited Liability Company is	s:		
	L. A. Hunt LL			
(Must	contain the words "Limited Liabil	ity Company, "L.L.C	2.," or "LLC.")	
ARTICLE II - Add The mailing address	ress: and street address of the p	orincipal office	of the Limited Lial	bility Company is:
Principal Office Ad	dress:	Mailing Ad	dress:	
10396 Democracy Lar	ne, Ste 210	10396 Demo	cracy Lane, Ste 210	
Fairfax, VA 22030		Fairfax, VA 2	2030	
ARTICLE III - Reg (The Limited Liability Con- business entity with an act	gistered Agent, Registere pany cannot serve as its own Regive Florida registration.)	ed Office, & Ro istered Agent, You n	egistered Agent's in must designate an individual	Signature:
•	orida street address of the	registered ager	nt are:	3E.
				921 HAR 19 SECRETAR VALLAGE
_	Lisa Hu			7
	Nan	ne		F / 5
	1700 N Indian River Rd			Pi
-	Florida street address (P.	O. Box <u>NOT</u> ac	cceptable)	15 6
	New Smyrna Beach	FL 3216	9	: 28 FAT
-	City		Zip	m
liability compa registered agent a statutes relating	ed as registered agent and ny at the place designated ad agree to act in this capato the proper and complete gations of my position as reconstruction. Registered Agent's Signature and Complete gations of my position as reconstructions.	in this certificate acity. I further a certificate acity. I further a certificate acity. I further a certificate acity acity. Let a certificate acity acity. Let a certificate acity. Let a certific	e, I hereby accept to gree to comply with f my duties, and I a as provided for in C	he appointment as h the provisions of all m familiar with and

(CONTINUED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Lisa Hunt
	1700 N Indian River Road
	New Smyrna Beach, FL 32169
<u> </u>	
(Use attachment if necessary)	
•	
LE V: Other provisions, if any.	
as the other provisions, it any.	
REQUIRED SIGNATURE:	.
REQUIRED SIGNATURE:	isa Hunt
	isa Hunt
Signature of a member or	an authorized representative of a member
Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am award ment to the Department of State constitutes a third degree to
Signature of a member or This document is executed in accordance any false information submitted in a docu	with section 605.0203 (1) (b). Florida Statutes, I am award ment to the Department of State constitutes a third degree (