# L21000311548

| (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: |
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Office Use Only

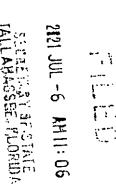
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#### **COVER LETTER**

| TO: New Filing So<br>Division of C   |   |                                    |                    |  |
|--|---|------------------------------------|--------------------|--|
| SUBJECT: Hartmar   | nn Willner LLC  |                                    |                    |  |
| SUBJECT.   | (Name of Res  | ulting Florida Limit               | ed Con             | npany)   |
| The enclosed Articles<br>Business Entity" into   | s of Conversion. Artic<br>a "Florida Limited Li       | les of Organizationability Company | on, an<br>'' in ac | d fees are submitted to convert an "Other coordance with s. 605.1045, F.S. |
| Please return all corre  | espondence concerning                                 | g this matter to:                  |                    |  |
| J Fred Leverett CPA  |   |                                    |                    |  |
|  | (Contact Person)                                      |                                    |                    |  |
| Leverett & Associates  |   | _                                  |                    |  |
|  | (Firm/Company)  | _                                  |                    |  |
| 2500 Arthur Ave  |   |                                    |                    |  |
|  | (Address)   |                                    |                    |  |
| Sykesville MD 21784  |   |                                    |                    |  |
| ((   | City, State and Zip Code)                             |                                    |                    |  |
| JFL@LAcpas.us  |   |                                    |                    |  |
| E-mail Address: (to b  | e used for future annual re                           | port notifications)                |                    |  |
| For further information  | on concerning this ma                                 | tter, please call:                 |                    |  |
| J Fred Leverett CPA  |   | _at (301                           | , 78               | 5-5409   |
| (Name of Conta   | ct Person)  | (Area Code)                        | /<br>(Day          | time Telephone Number)   |
|  | or the following amou<br>a bank located in the        |                                    | rocess             | sed by this office must be payable in US                                   |
| \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) | ☐\$155.00 Filing Fees<br>and Certificate of<br>Status | S180.00 Filing and Certified Cop   |                    | S185.00 Filing Fees. Certified Copy, and Certificate of Status             |
| Mailing Add  | ress:   |                                    | Street             | t Address:   |
| New Filing S   | ection  |                                    |                    | Filing Section   |
| Division of C<br>P.O. Box 632  |   |                                    |                    | ion of Corporations<br>Centre of Tallahassee                               |
| r.U. BOX 052   | 1   |                                    | THE                | CHUC OF Fallalia88CC   |

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:  Hartmann Willner LLC  |
|---|
| (Enter Name of Other Business Entity)   |
| 2. The "Other Business Entity" is alimited 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)   |
| 07/30/2013<br>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:  Hartmann Willner LLC   |
| (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.  |

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| Signed this <u>first</u> day of <u>July</u>                               | 20 <u>_21</u>                         |
|---|---------------------------------------|
| Signature of Authorized Representative of Lim                             | ited Liability Company:               |
| Signature of Authorized Representative:  Printed Name: Suzanne Sensabaugh | Title: President/Member(Manager       |
| Timed Name. Suzumie Schsudden   | Title: Tresactionemes qualitage       |
| Signature(s) on behalf of Other Business Entity:                          | [See below for required signature(s)] |
| Signature: Signature: Sensabas  | <b>1</b>                              |
| Printed Name: Suzarne Sensabaugh  | Title: President/Member Manager       |
| <u></u>   |                                       |
| Signature:  |                                       |
| Printed Name:   | Title:                                |
| 6'  |                                       |
| Signature:Printed Name:   | Title                                 |
| Timed Name.   |                                       |
| Signature:  |                                       |
| Signature:Printed Name:   | Title:                                |
|   |                                       |
| Signature:Printed Name:   | 773-1                                 |
| Printed Name:   | 11tte;                                |
| Signature:  |                                       |
| Printed Name:   | Title:                                |
|   |                                       |
| If Florida Corporation:   |                                       |
| Signature of Chairman, Vice Chairman, Director, or                        |                                       |
| If Directors or Officers have not been selected, an In                    | corporator must sign.                 |
| If Florida General Partnership or Limited Liabili                         | ty Partnarchin                        |
| Signature of one General Partner.   | ty raithership.                       |
|   |                                       |
| If Florida Limited Partnership or Limited Liabili                         | ty Limited Partnership:               |
| Signatures of <u>ALL</u> General Partners.                                |                                       |
| All Abore   |                                       |
| All others: Signature of an authorized person.                            |                                       |
| 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)                     |

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - N   |   |   |
|---|---|---|
| The name of the   | Limited Liability Company   | is:   |
|   |   |   |
|   | Hartmann Willner L  |   |
| (:  | Musi contain the words "Limited Lial  | bility Company, "L.L.C.," or "LLC.")  |
| ARTICLE II - A  | Address:  |   |
| The mailing addr  | ess and street address of the   | principal office of the Limited Liability Company is  |
| Principal Office  | Address   | Mailing Address   |
| Trincipal Office  | Address.  | Mailing Address:  |
| 8805 Tamiami Tra  | iil North #155  | ODDE TO A TOTAL AL MARK   |
|   | III HOIGI # 155   | 8805 Tamiami Trail North #155   |
| Naples, FL 34108  |   | Naples, FL 34108  |
| Naples, FL 34108  ARTICLE III - (The Limited Liability      | Registered Agent, Register  |   |
| ARTICLE III - (The Limited Liability business entity with a | Registered Agent, Register  | red Office. & Registered Agent's Signature: egistered Agent. You must designate an individual or another  |
| ARTICLE III - (The Limited Liability business entity with a | Registered Agent, Register Company cannot serve as its own Re n active Florida registration.)   | red Office. & Registered Agent's Signature: egistered Agent. You must designate an individual or another  |
| ARTICLE III - (The Limited Liability business entity with a | Registered Agent, Register Company cannot serve as its own Re n active Florida registration.) e Florida street address of th Suzanne Sensabaugh                               | red Office. & Registered Agent's Signature: egistered Agent. You must designate an individual or another  |
| ARTICLE III - (The Limited Liability business entity with a | Registered Agent, Register Company cannot serve as its own Re n active Florida registration.) e Florida street address of th Suzanne Sensabaugh                               | Naples, FL 34108  red Office, & Registered Agent's Signature: registered Agent. You must designate an individual or another the registered agent are: |
| ARTICLE III - (The Limited Liability business entity with a | Registered Agent, Register Company cannot serve as its own Re n active Florida registration.)  E Florida street address of th Suzanne Sensabaugh Na  8805 Tamiami Trail North | Naples, FL 34108  red Office, & Registered Agent's Signature: registered Agent. You must designate an individual or another the registered agent are: |
| ARTICLE III - (The Limited Liability business entity with a | Registered Agent, Register Company cannot serve as its own Re n active Florida registration.)  E Florida street address of th Suzanne Sensabaugh Na  8805 Tamiami Trail North | Naples, FL 34108  red Office, & Registered Agent's Signature: egistered Agent, You must designate an individual or another the registered agent are:  |

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)

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#### ARTICLE IV-

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

| "AMBR" = Authorized Member   |  |
|--|--|
| "MGR" = Manager  |  |
| MGR  | Suzanne Sensabaugh   |
| · · · · · · · · · · · · · · · · · · ·  | 8805 Tamiami Trail North #155  |
|  | Naples, FL 34108   |
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| (Use attachment if necessary)  |  |
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|  |  |
| LE VI Other provisions if any  |  |
| <b>LE V:</b> Other provisions, if any.   |  |
| LE V. Omer provisions, it any.   |  |
| LE V. Omer provisions, if any.   |  |
| LE V. Other provisions, if any.  |  |
| · · · · · · · · · · · · · · · · · · ·  |  |
| · · · · · · · · · · · · · · · · · · ·  |  |
| REQUIRED SIGNATURE:  |  |
| · · · · · · · · · · · · · · · · · · ·  | salanga  |
| REQUIRED SIGNATURE:  | 0  |
| REQUIRED SIGNATURE:  Signature of a member or  | an authorized representative of a member   |
| Signature of a member or   | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware   |
| Signature of a member or   | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware   |
| 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.                                    | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware   |
| Signature of a member or This document is executed in accordance any false information submitted in a document is executed in a sprovided for in s.817.155, F.S.  Suzanne Sensabaugh | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware ment to the Department of State constitutes a third degree fe |
| Signature of a member or This document is executed in accordance any false information submitted in a document is executed in a sprovided for in s.817.155, F.S.  Suzanne Sensabaugh | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware   |

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)





Government of the District of Columbia Office of the Chief Financial Officer Office of Tax and Revenue

1101 4th Street, SW Washington, DC 20024

Date of Notice: July 1, 2021

HARTMANNWILLNER LLC 8805 TAMIAMI TRL N 155 NAPLES FL 34108 Notice Number: L0005818227

FEIN: \*\*-\*\*\*7911 Case ID: 866146



#### CERTIFICATE OF CLEAN HANDS

As reported in the Clean Hands system, the above referenced individual/entity has no outstanding liability with the District of Columbia Office of Tax and Revenue or the Department of Employment Services. As of the date above, the individual/entity has complied with DC Code § 47-2862, therefore this Certificate of Clean Hands is issued.

TITLE 47. TAXATION, LICENSING, PERMITS. ASSESSMENTS, AND FEES
CHAPTER 28 GENERAL LICENSE
SUBCHAPTER II. CLEAN HANDS BEFORE RECEIVING A LICENSE OR PERMIT
D.C. CODE § 47-2862 (2006)
§ 47-2862 PROHIBITION AGAINST ISSUANCE OF LICENSE OR PERMIT

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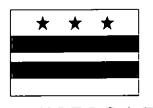
Authorized By Mare Aronin
Chief, Collection Division

To validate this certificate, please visit MyTax.DC.gov. On the MyTax DC homepage, click the "Validate a Certificate of Clean Hands" hyperlink under the Clean Hands section.

Initial File #: L00004788686

# GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS CORPORATIONS DIVISION



## CERTIFICATE

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code have been complied with and accordingly, this *CERTIFICATE OF ORGANIZATION* is hereby issued to:

HARTMANN WILLNER LLC

Effective Date: 7/30/2013

IN WITNESS WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 8/8/2013 9:25 AM

AND RICCUSTON OF CONTROL OF CONTR

Vincent C. Gray Mayor

Tracking #: P7n6jPCY

Business and Professional Licensing Administration

PATRICIA E. GRAYS

Superintendent of Corporations

Corporations Division