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PICK-UP	WAIT MAIL
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([	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:

Office Use Only



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### **Advanced Incorporating Service**

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

HIM500, LLC
FOR OFFICE USE ONLY
PICK ONE:
CERTIFIED COPYPHOTOCOPYC.U.S.
FILING:
CORPORATIONLLCLIMITED PARTNERSHIPGENERAL PARTNERSHIP
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## Articles of Conversion For "Other Business Entity" Into

SECRETA : A STATE TALLIAN SE, EL

#### 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: HIM500, 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.
(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)
10/13/2015 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the <b>attached Articles of Organization</b> :  HIM500, 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.

Signed this 16th day of July	20 <u>21</u>
Signature of Authorized Representative of Li	mited Liability Company:
Signature of Authorized Representative:	Warrya Barray
Signature of Authorized Representative:	Title: Manager
Signature(s) on behalf of Other Business Entity	[See below for required signature(s)]
Simotory Manage Bases	
Signature: <u>Marcus Barney</u> Printed Name: Marcus Barney	Title: Manager
Timed Name, morous Burney	Title. Manager
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Sionature:	
Signature:Printed Name:	Title
Signature:	
Signature:Printed Name:	Title:
Signature:	rich I
Printed Name:	rine:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, of	or Officer.
If Directors or Officers have not been selected, an	
If Florida General Partnership or Limited Liah	<u>ility Partnership:</u>
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabi	ility 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:	•
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
	7 - E

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

	(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - The mailing add		the principal office of the Limited Li	ability Company is:
<u>Principal Offic</u>		Mailing Address:	
260 1st Ave. S		Same	
#200-130 St. Petersburg, F	1 33701		
or, rotorobord, r			
			<del></del>
ARTICLE III	- Registered Agent, Regi	stered Office, & Registered Agent's	s Signature:
ARTICLE III The Limited Liabili	- Registered Agent, Regi	stered Office, & Registered Agent's n Registered Agent. You must designate an indivi	dual or another
ARTICLE III (The Limited Liabili business entity with	- Registered Agent, Regi	n Registered Agent. You must designate an indivi	dual or another
ARTICLE III The Limited Liabili business entity with	- Registered Agent, Regi ty Company cannot serve as its ow an active Florida registration.)	n Registered Agent. You must designate an indivi	dual or another
ARTICLE III (The Limited Liabili business entity with	- Registered Agent, Regi ty Company cannot serve as its ow an active Florida registration.) he Florida street address o	n Registered Agent. You must designate an indivi	S Signature: dual or another SECRETALL AND 16
ARTICLE III (The Limited Liabili business entity with	- Registered Agent, Regi ty Company cannot serve as its ow an active Florida registration.) he Florida street address o	n Registered Agent. You must designate an indivi f the registered agent are: gents, Inc.	dual or another  SECNET ALL ARA
ARTICLE III (The Limited Liabilibusiness entity with	- Registered Agent, Regity Company cannot serve as its own an active Florida registration.)  he Florida street address of Universal Registered Agents 1317 California Street	n Registered Agent. You must designate an indivi f the registered agent are: gents, Inc.	dual or another  SECNET ALL ARA
ARTICLE III The Limited Liabili business entity with	- Registered Agent, Regity Company cannot serve as its own an active Florida registration.)  he Florida street address of Universal Registered Agents 1317 California Street	f the registered agent are:  gents, Inc.  Name  (P.O. Box NOT acceptable)	dual or another
ARTICLE III (The Limited Liabilibusiness entity with	- Registered Agent, Regi ty Company cannot serve as its ow an active Florida registration.) he Florida street address o  Universal Registered Ag  1317 California Street Florida street address	f the registered agent are:  gents, Inc.  Name  (P.O. Box <u>NOT</u> acceptable)	dual or another  SECNET ALL ARA

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Marcus Barney
	260 1st Ave. S, #200-130
	St. Petersburg, FL 33701
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	<del></del>
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CLE V: Other provisions, if any.	
DEL. V. Other provisions, if any.	- 1
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REQUIRED SIGNATURE:	
Marcus Barney	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware that nent to the Department of State constitutes a third degree felony
Marcus Barney	
	ped or printed name of signee
- I	Filing Fees

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