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(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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attooge.

DATE:

9/29/21

NAME: HEEKIN, LLC

TYPE OF FILING: CONVERSION

COST:

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RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	New Filing S Division of C				
SUBJ	ECT: HEEKIN	ı, LLC			
			sulting Florida Lir	nited Co	mpany)
The er Busine	nclosed Article ess Entity" into	s of Conversion, Artic o a "Florida Limited L	eles of Organiza iability Compa	ition, ar ny" in a	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please	return all corr	espondence concernin	g this matter to	<u>.</u>	
JOE M	MEAGHER				
		(Contact Person)	· ·	_	
L&G L	AW GROUP LL				
		(Firm/Company)		_	
175 W	. JACKSON BL	VD., STE. 950			
		(Address)			
CHICA	GO, IL 60604				
		City, State and Zip Code)			
	GHER@LGCOL		<u> </u>		
E-m	ail Address: (to b	e used for future annual re	port notifications)		
For fu	rther informati	on concerning this ma	tter, please call	:	
JOE M	EAGHER		at (³¹²	364-	2500
	(Name of Conta	ict Person)		c) (Day	rtime Telephone Number)
Enclos dollars	ed is a check fand drawn on	or the following amou a bank located in the	int: (All checks United States)	process	sed by this office must be payable in US
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	S155.00 Filing Fees and Certificate of Status	O\$180.00 Filin and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Addi New Filing Se Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New I Divisi The C	Filing Section on of Corporations entre of Tallahassee 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: HEEKIN, 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 [ILLINOIS] (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
10/23/2013 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: HEEKIN, 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 day of SEPTEMBER	20_21
Signature of Authorized Representative of Lim	
Signature of Authorized Representative:	Litle: MANAGER
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Charles Helkin Printed Name: CHARLES HEEKIN	
Printed Name: CHARLES HEEKIN	Title: MANAGER
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty 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: The name of the Limited Liability Company is:	
HEEKIN, LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
906 BOND WAY	906 BOND WAY
DELRAY BEACH, FL 33483	DELRAY BEACH, FL 33483
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual or another
Florida Filing & Search Service	s, Inc.
Name	
155 Office Plaza Drive	
Florida street address (P.O.	Box NOT acceptable)
Tallahassee	FL 32301
City	Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all exformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S
Registered Agent's Signa (CONTINU	187 S
	PH 1:26

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	CHARLES HEEKIN
	906 BOND WAY
	DELRAY BEACH, FL 33483
	
	
	
Use attachment if necessary)	
• •	
LE V: Other provisions, if any.	
E V: Other provisions, if any.	

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

CHARLES HEEKIN

Typed 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)