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(1	Requestor's Name)	
	Address)	
(Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(1	Business Entity Name)	-
(1	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 Section Division of Corporations	
SUBJECT: HUSCAM, L	LC Limited Company)
The enclosed Articles of Conversion, Article	es of Organization, and fees are submitted to convert an "Other ability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	this matter to:
Tohn Hubbard (Contact Person) Hubcan (Firm/Company)	
805 NW 3774 PL,	
Cape Cosal FL (City, State and Zip Code)	33993
E-mail Address: (to be used for future annual rep	ort notifications)
For further information concerning this matt	ter, please call:
Tolw Hubbard (Name of Contact Person)	at (603) 479-9626 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amoundollars and drawn on a bank located in the U	nt: (All checks processed by this office must be payable in US United States)
\$\frac{1}{5}\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\frac{1}{5}\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 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.

Statutes.			
1. The name of the "Other Business Entity" immediately prior to the filing of the Article (Enter Name of Other Business Entity)	s of Conve	rsion i	s:
	^		
2. The "Other Business Entity" is a Limited Liebity Ce (Enter entity type. Example: corporation, limited partnership, general partnership, common	x P law or busin	ness trus	st, etc.)
First organized, formed or incorporated under the laws of New Hanpshi (Enter state, or if a non-U.S. entity, the	name of the c	country)	ł
on $\frac{\sqrt{25/20/0}}{\text{(date of organization, formation or incorporation)}}$			
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	les of Org	anizat	ion:
(Enter Name of Florida Limited Liability Company)			
4. If not effective on the date of filing, enter the effective date:			
5. The plan of conversion has been approved in accordance with all applicable statutes.			
 The "Converted or Other Business Entity" has agreed to pay any members having apprais which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	al rights the	e amou	nt to
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Signed this day of January	_20_ <i>_22</i>
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative Printed Name: 30 m H 0 5 m T	Title:
Signature(s) on behalf of Other Rusiness Entity:	See below for required signature(s)
Signature: John Holdon Co	Title: OWNUT
Signature:Printed Name:	Title:
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	Officer.
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabi	lity Con	npany is	s:
Principal Office Address: Mailing Address:			
805 NW 37th PL 805 NW 37th F Cape Coral Cape Coral S FL 33993 33993			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's State (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)	gnatur or anothe	e: r	
The name and the Florida street address of the registered agent are: 805 NW 3774 Place Name	H	ubl	XW ——
Florida street address (P.O. Box NOT acceptable) Lower Coral FL 33993 City Zip			
Having been named as registered agent and to accept service of process for the eliability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent as provided for in Capacity. Registered Agent's Signature (REQUIRED)	e appoin the prov i familia	iment a visio <mark>ns</mark> o r with a	of all and
(CONTINUED)	PER CALL	2020 JAN 10	eti (mai
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<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	805 NIU 37th PL Cape Coral + 3399
(Use attachment if necessary)	
•	
(Use attachment if necessary) CLE V: Other provisions, if any.	
•	
•	Hubbary
REQUIRED SIGNATURE:	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document of the submitted of the sub	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware ament to the Department of State constitutes a third degree for
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.	with section 605.0203 (1) (b), Florida Statutes. I am aware ament to the Department of State constitutes a third degree for the State constitutes at the section of State constitutes. I am aware the section of State constitutes at the section of S
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 iment to the Department of State constitutes a third degree for the constitutes as the constitute

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

ARTICLE IV-