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(Requestor's Name)
(Address)
(Address)
` ,
(City/State/Zip/Phone #)
(Otty/State/Zip/i Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE ALLAHASSEE.FLORID:

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D. **O'KEEFE** FEB **2 4 2022**

	4	COVER LET	TER,	,	••	
TO: New Filing Secti Division of Corp			•	•	₹.	
SUBJECT: Hill Capital	l Calibration, LLC					
	(Name of Resu	llting Florida Limito	ed Company	y)		
The enclosed Articles of Business Entity" into a		•				
Please return all correspo	ondence concerning	this matter to:				
Anthony Morales						
(1	Contact Person)	_				
MyUSACorporation.co	om					
(Firm/Company)					
1 Radisson Plaza, Sui	ite 800					
	(Address)					
New Rochelle, NY 108	801					
(City,	, State and Zip Code)	-				
info@myusacorporatio	on.com					
E-mail Address: (to be us	sed for future annual rep	ort notifications)				
For further information of	concerning this matt	er, please call:				
Anthony Morales		_at (<u>877</u>)	3302677	7		
(Name of Contact P	'erson)	(Area Code)	(Daytime	Telephone Nui	mber)	
Enclosed is a check for t dollars and drawn on a b	_	· ·	rocessed b	oy this office	must be payab	le in US
(\$25 for Conversion an	S155.00 Filing Fees ad Certificate of atus	\$180.00 Filing I and Certified Copy	y Ce	\$185.00 Filing crtified Copy, ar crtificate of State	ad	

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 <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: Hill Capital Calibration, LLC
(Enter Name of Other Business Entity)
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)
08/24/2018
ON 08/24/2018 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Hill Capital Calibration, 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

PILED

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SECRETARY OF STATE

Signed this 31st	day of January	20_21	
		Limited Liability Company:	
Signature of Authorize Printed Name: <u>Henry T</u>	ed Representative:	Title: Member	
		ntity: [See below for required s	ignature(s)]
Signature:		Title: Member	
Printed Name: Henry	umer	inte: Member	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
		Title:	_
If Florida Corporation Signature of Chairman If Directors or Officers	, Vice Chairman, Direc	tor, or Officer. I, an Incorporator must sign.	
If Florida General Pa Signature of one Gener	-	Liability Partnership:	
If Florida Limited Pa Signatures of ALL Gen		Liability Limited Partnership:	
All othores			

Fees:

Articles of Conversion:

\$25.00 \$125.00

Fees for Florida Articles of Organization: Certified Copy:

\$30.00 (Optional)

Certificate of Status:

Signature of an authorized person.

\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Control of the Control

ARTICLE I - Nan	ne: mited Liability Company		avu ied eari	BILITY CONTAIN
	, ,			
	Hill Capital Calibra	ation, LLC		
(Mu	st contain the words "Limited Liab	bility Company. "	L.L.C.," or "LLC.")	
ARTICLE II - Ad The mailing addres	dress: s and street address of the	e principal off	ice of the Limite	ed Liability Company is:
Principal Office A	ddress:	Mailing	Address:	
3315 Roswell Road N	NE Apt. 4058	7724 Cr	osswater Trail, Apt	t. 6105
Atlanta, Georgia 3030	· · · · · · · · · · · · · · · · · · ·		ere, FL 34786	
. DOMESTIC STATE			D	
(The Limited Liability Co	egistered Agent, Register ompany cannot serve as its own Re- active Florida registration.)			
The name and the F	Florida street address of th	ne registered :	igent are:	
	Henry T			
	Na	ıme		
	7724 Crosswa	iter Trail, Apt. (3105	
	Florida street address (P	P.O. Box <u>NO</u>	$\underline{\Gamma}$ acceptable)	
	Windermere	FL ³	34786	
	City		Zip	
liability compo registered agent o statutes relating	any at the place designated and agree to act in this cap is to the proper and comple ligations of my position as Registered Agent's S	d in this certif pacity. I furth rte performan	icate, I hereby ac er agree to comp ce of my duties, a ent as provided f	ly with the provisions of all nd I am familiar with and

ARTICLE IV-

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				
AMBR	Henry Turner			
	7724 Crosswater Trail, Apt. 6105			
	Windermere, FL 34786			
	2022 SEC			
	₩			
	· Aγ			
	SRY 9			
	E O S			
	AM 10: 29 FLORID			
(Use attachment if necessary)				
CLE V: Other provisions, if any.				
REQUIRED SIGNATURE:	11-			
- Yen I				
j U				

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.

HENRY TURNER

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)