LZZCZ0473267

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	New Filing Se Division of C							
SUB.	JECT:	HIGHTEHC	LLC					
		(Name of Res	ulting Florida Limi	ited Com	рапу)			
			•	-	d fees are submitted to coordance with s. 605.			her
Pleas	e return all corre	espondence concerning	g this matter to:					
	JEFFRE	1 NELSON		_				
		(Contact Person)						
	HIGHTEH	ic lic					207	
		(Firm/Company)	·	_		= -	<u>1</u> 20	-
,	307 19th 3	STREET				ŧį.	CT :	
		(Address)		_		30-4	<u>~</u>	
C	AUNT AUNOSTI	NE FL 32084				<u></u>	2	į :
		City, State and Zip Code)		_			022 OCT 31 PM 7:	Į.
	JEFFC HIGHT	•					ე. ე.	
E-		e used for future annual re	port notifications)	_				
For f	urther information	on concerning this ma	tter, please call:					
	JEFF NEL	Not	at (424	731	1-3957			
	(Name of Conta	ct Person)	(Area Code	(Day	i -3957 time Telephone Number)	_		
		or the following amou a bank located in the	•	process	ed by this office must	be payab	le in U	IS
(\$25 f & \$12	50.00 Filing Fees for Conversion 5 for Articles ganization)	\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Co		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New F Divisi The C 2415 I	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suinassee, FL 32303	te 810		

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LCC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
on MAY 26 th 2020 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(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 24th day of October	20 22
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: Printed Name: Jettray F. NEUSON	Title: FOUNDER
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
- 40	
Signature: Jeffrey R. NELSON	Title: FOUNDEY.
Frinted Name.	Title. (CONDETC
Signature:	
Printed Name:	Title:
Cinnatura	
Signature:Printed Name:	Title
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	m:)
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 Partnarching
Signature of one General Partner.	ry rattucismp.
_	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
<u>Fees:</u>	
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 - Name: The name of the Limited Liability Company is:	
HIGHTEHC (LC
(Must contain the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
307 19th STREET STAUGUSTINE FL 32084	307 19th STREET SAINT AUGUSTINE FL 32084
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
EFFREY NE	ELSON =
Nam	e ELSON =
307 19th STR	-CCT
Florida street address (P.C	
ST ALGIOTNE	FL 32084
ST AUGUSTINE City	<u>FL 32084</u> Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S
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The name and address of each person authorized to manage and control the Limited Liability Company:

HARADON A J. C. LAZ. I	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	JEFFROY NEWON
HMDIC	307 19th ST
	SAINT AUGUSTINE FL 32084
	Grindi Modes inse 1032084
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	7072 DC
	202 -
(Use attachment if necessary)	7
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ELE V: Other provisions, if any.	J
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LE V: Other provisions, if any. REQUIRED SIGNATURE:	7/71
	200 200
	2/M
REQUIRED SIGNATURE:	2M
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware the
Signature of a member or This document is executed in accordance any false information submitted in a document in	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware the
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.	2M

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)