123000080933

(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2023 FEB 16 PHII: 34 SECRETARY OF STATE TWILL CHYSSEE, FL

COVER LETTER

TO: New Filing S Division of C						
SUBJECT: Hazelwo	ood Management 2 LLC					
	(Name of Re	sulting Florida L	imited Co	mpany)		
		_		nd fees are submitted to convaccordance with s. 605.1045,		:r
Please return all corr	respondence concernin	g this matter t	o:			
John F. D'Jock, Esq.						
	(Contact Person)					
Amundsen Davis, LLC	;					
	(Firm/Company)					
111 East Kilbourn Ave	enue, Suite 1400					
	(Address)					
Milwaukee, WI 53202						
(City, State and Zip Code)					
jdjock@amundsendav	vislaw.com					
E-mail Address: (to b	oe used for future annual re	port notifications				
For further informati	on concerning this ma	tter, please cal	il:			
John F. D'Jock, Esq.		at (414	, 225-	-1432		
(Name of Conta	act Person)	(Area Co	de) (Da	ytime Telephone Number)		
	for the following amou a bank located in the	•	•	sed by this office must be pa	yable in US	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Fit and Certified (•	■\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee.	ection Corporations 7		New Divis The C 2415	Filing Section Sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	2023 FEB 6 PM 1: SECRETARY OF ST	CONTROL OF THE PROPERTY OF THE

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.

2. The "Other Business Entity" is aLimited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust First organized, formed or incorporated under the laws of	ate.
First organized formed or incorporated under the laure of Minnesota	ate.
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)	., Cit.,
(Enter state, or if a non-U.S. entity, the name of the country)	
(issue, base, o. i. a issue of the country)	
August 15, 2013	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organizati	on:
Hazelwood Management 2 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 a the date this document is filed by the Florida Department of State.)	fter
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.	he
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 appraisal rights the amoun which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	t to

Certified Copy:

Certificate of Status:

Signed this 13th day of February	20 23
Signature of Authorized Representative of Li	imited Liability Company:
Ska	run Johanson
Signature of Authorized Representative: Printed Name: Shawn Johanson	33D843A5M871- Manager
Printed Name: Shawn Johanson	1 Itte: Ivianagei
Signature(s) on behalf of Other Business Entity	: [See below for required signature(s)]
Signature: Shawn Johanson	
Signature: Shawn Johanson Printed Name: Shawn Yoffanson	Title: Manager / Authorized Representative
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
n.	
Signature: Printed Name:	Til
rinted Name:	1106;
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director,	
If Directors or Officers have not been selected, an	Incorporator must sign.
If Florida General Partnership or Limited Liab	ailitu Dautnauchia.
Signature of one General Partner.	mity ratthership.
orginature of one General Farmer.	
If Florida Limited Partnership or Limited Liab	oility 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	
	· · -

\$30.00 (Optional)

\$5.00 (Optional)

2023 FEB 16 PM II: 34 SEGRETARY OF STATE

ARTICLE I - Nan		
The name of the Li	mited Liability Company	is:
Hazelwood Manager	ment 2 LLC	
		oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Ad The mailing addres		principal office of the Limited Liability Company i
Principal Office A	ddress:	Mailing Address:
7935 Airport Pulling	Rd #104	7935 Airport Pulling Rd #104
Naples, Florida 3410 ARTICLE III - Re The Limited Liability Co	egistered Agent, Register	7935 Airport Pulling Rd #104 Naples, Florida 34109 red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
Naples, Florida 3410 ARTICLE III - Re The Limited Liability Co business entity with an a	egistered Agent, Register ompany cannot serve as its own Re- active Florida registration.)	Naples, Florida 34109 red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
Naples, Florida 3410 ARTICLE III - Re The Limited Liability Co business entity with an a	egistered Agent, Register ompany cannot serve as its own Re octive Florida registration.) Florida street address of th Shawn Johanson	Naples, Florida 34109 red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:
ARTICLE III - Re The Limited Liability Cobusiness entity with an a	egistered Agent, Register ompany cannot serve as its own Re octive Florida registration.) Florida street address of th Shawn Johanson	Naples, Florida 34109 red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
Naples, Florida 3410 ARTICLE III - Re The Limited Liability Cobusiness entity with an a	egistered Agent, Register ompany cannot serve as its own Re octive Florida registration.) Florida street address of th Shawn Johanson	Naples, Florida 34109 red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:
ARTICLE III - Re The Limited Liability Cobusiness entity with an a	egistered Agent, Register ompany cannot serve as its own Re octive Florida registration.) Florida street address of th Shawn Johanson Na 4553 Azalea Dr	Naples, Florida 34109 red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:
Naples, Florida 3410 ARTICLE III - Re The Limited Liability Cobusiness entity with an a	egistered Agent, Register ompany cannot serve as its own Re octive Florida registration.) Florida street address of th Shawn Johanson Na 4553 Azalea Dr	Naples, Florida 34109 red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:
Naples, Florida 3410 ARTICLE III - Re The Limited Liability Cobusiness entity with an a	egistered Agent, Register company cannot serve as its own Reservice Florida registration.) Florida street address of the Shawn Johanson Na 4553 Azalea Dr Florida street address (P	Naples, Florida 34109 red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are: me O. Box NOT acceptable)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..



ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	
	10-1-1-1
MGR	Janet Johanson
	4554 Azalea Dr
	Naples, Florida 34119
MGR	Shawn Johanson
	4554 Azalea Dr
	Naples, Florida 34119
··	
(Use attachment if necessary)	
(One dimension is necessary)	
CLE V: Other provisions, if any.	
	ntity will convert on a one-to-one ratio to membership
s in the Converted Entity.	

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.

Shawn Johanson, Manager

REQUIRED SIGNATURE:

Shawn Johanson -99183D843A5A487

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)