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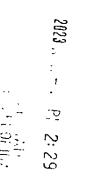
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: DeSigns by Hawk Name of Resulting Florida Limit	ited Company)
The enclosed Articles of Conversion, Articles of Organizat Business Entity" into a "Florida Limited Liability Compan	
Please return all correspondence concerning this matter to:	
Michael Hawkins (Contact Person) JMT Home Solutions LLC (Firm/Company)	-
233c SE Avalon Rd (Address)	-
Port Saint Lucie FL 34952 (City. State and Zip Code) Mhaukins Hama. Lom E-mail Address: (to be used for future annual report notifications)	- -
For further information concerning this matter, please call:	
_) 209 - 90 47 (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks problems and drawn on a bank located in the United States)	processed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status \$\$180.00 Filing and Certified Conversion 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 <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: TMT Home Solutions LLC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of (February) (Enter state, or if a non-U.S. entity, the name of the country)
on __\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Pesigns by Hawk 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 31 day of March	_ 20 <u> </u>
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Michael Hawkins	reel Nautins _Title: Ouner
Signature(s) on behalf of Other Business Entity:	
Signature: Michael Hawkins	Title: OWNET
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Sionature	
Signature:Printed Name:	
Signatura	
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 Liabili Signatures of <u>ALL</u> 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 1 - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

The mailing address and street address of the pr	incipal office of the Limited Liability C	ompany is:
Principal Office Address:	Mailing Address:	
7901 4th St. D. Ste. 300 St. Peters Durg, FL 33702	7901 4th St. M. Ste. St. Petersburg, FL	33707 33707
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	d Office, & Registered Agent's Signatured Agent. You must designate an individual or ano	ire: ther
The name and the Florida street address of the r	egistered agent are:	
Registered P	Agents Inc.	
7901 4th St. Florida street address (P.O	N. Ste 300 Box <u>NOT</u> acceptable)	
St. Petersbur City	SFL 33707 Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p accept the obligations of my position as reg	this certificate, I hereby accept the appointy. I further agree to comply with the properformance of my duties, and I am famil	intment as ovisions of all iar with and
David Soberts		2023 Á
Registered Agent's Sigr	nature (REQUIRED)	II:
(CONTIN	UED)	

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Michael Hawkins 2334 SE Avalon Rd Port Saint Lucie Fer 3
(Use attachment if necessary)	
LE V: Other provisions, if any.	
<u>REQUIRED</u> SIGNATURE:	
	0
Michael Hand	
This document is executed in accordance any talse information submitted in a docu as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware ament to the Department of State constitutes a third degree for the Department of State constitutes a third degree for printed name of signee

Control Number: 19007123

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTE! CE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

JMJ Home Solutions LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

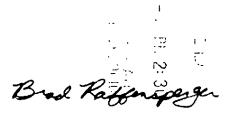
This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 24939579 Date Inc/Auth/Filed: 01/17/2019 Jurisdiction : Georgia Print Date : 03/28/2023

Form Number : 12

2023 A



Brad Raffensperger

