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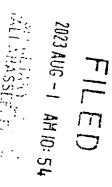
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
_
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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08/81/23--01004--030 **185.00



COVER LETTER

TO: New Filing S Division of C				
SUBJECT: Chief Ho	•			
SUBJECT:		sulting Florida Lim	ited Con	npany)
				nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
Jarett Lewis				
	(Contact Person)	<u>, </u>	_	
Chief Hopper LLC			_	
	(Firm/Company)			
3615 Ocita Drive		_	_	
	(Address)			
Orlando, FL 32837			_	
	City, State and Zip Code)			
jarett.lewis@gmail.cor			_	
E-mail Address: (to b	be used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Jarett Lewis		_at (850-2	2468
(Name of Conta	act Person)	(Area Code) (Day	time Telephone Number)
	for the following amou a bank located in the		process	sed 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 Co		■\$185.00 Filing Fees. Certified Copy. and Certificate of Status
<u>Mailing Add</u> New Filing S				t Address: Filing Section
Division of C				ion of Corporations
P.O. Box 632			The C	Centre of Tallahassee
Tallahassee,	FL 32314		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: Chief Hopper LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited 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).
O1/01/21 (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Chief Hopper 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.



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Chief Hopper LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3615 Ocita Drive	3615 Ocita Drive
Orando, FL 32837	Orlando, FI 32837
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	red Agent. You must designate an individual or another
Jarett Lewis Name	***
Nume	
3615 Ocita Drive	D. NATE I.I.
Florida street address (P.O.	 ·
Orlando	FL 32837
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate. I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S

(CONTINUED)



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

- A SALID A OBBASES AT SALAMANA	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Jarett Lewis
AND I	3615 Ocita Drive
	Orlano, FL 32837
	<u> </u>
·	
LE V: Other provisions, if any.	istered in Florida.
Use attachment if necessary) LE V: Other provisions, if any, formed in New York, Needs to be reg	istered in Florida.
LE V: Other provisions, if any.	istered in Florida.
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E V: Other provisions, if any. formed in New York. Needs to be regional statement of a member of a member of this document is executed in accordance.	ترامید r an authorized representative of a member ce with section 605.0203 (1) (b). Florida Statutes, I am aware
Signature of a member of This document is executed in a coordance any talse information submitted in a document as provided for in s.817.155. F.S. Jarett Lewis	r an authorized representative of a member ce with section 605.0203 (1) (b). Florida Statutes. I am aware nument to the Department of State constitutes a third degree fe
EV: Other provisions, if any, formed in New York, Needs to be regional states and the second any false information submitted in a doc as provided for in s.817,155, F.S. Jarett Lewis	ترامید r an authorized representative of a member ce with section 605.0203 (1) (b). Florida Statutes, I am aware

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)