# La300043a715

(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:

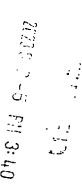
Office Use Only



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## COVER LETTER

10:	New Filing S Division of C				
SURI	ECT: Hyperion	Gray LLC			
CODO		(Name of Res	ulting Florida Lim	ted Cor	npany)
		•	_		nd fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Please	return all corr	espondence concerning	g this matter to:		
Manue	el Caceres				
		(Contact Person)		_	
Hyper	ion Gray LLC				
		(Firm/Company)		_	
3629	Juniper lane				
	· · · · · · · · · · · · · · · · · · ·	(Address)		<del>-</del>	
Davie,	, FL, 33330				
	(1	City, State and Zip Code)		_	
manue	eljosecaceres@g	gmail.com			
E-r	nail Address: (to b	oe used for future annual re	port notifications)	-	
For fu	irther informati	on concerning this ma	tter, please call:		
Manue	el Caceres		at (304	541-	2704
	(Name of Conta	act Person)		) (Day	ytime Telephone Number)
		for the following amou a bank located in the		proces	sed by this office must be payable in US
(\$25 fc & \$125	0.00 Filing Fees or Conversion 5 for Articles anization)	■\$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 S Division of C P.O. Box 632 Tallahassee,	ection Corporations 27		New Divis The C 2415	Et Address: Filing Section Sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

# Articles of Conversion

For

# "Other Business Entity"

Into

#### Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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: Hyperion Gray 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.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of North Carolina VIACINIA (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
April 9, 2015 on .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Hyperion Gray LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:  N/A
(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 30 th day of July of 2023	20
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Alegandro aceres	Title: Owner and Manage
Signature(s) on behalf of Other Business Entity:	See below.for required signature(s)
Signature: Printed Name: Alexandro Caceres	Withe: Owner and manager (NC LLC)
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL 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 I - I	Name: c Limited Liability Comp	pany is:	
Hyperion Gray L		ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - The mailing ad	Address:	of the principal office of the Limited	d Liability Company is:
Principal Offic	ce Address:	Mailing Address:	
3629 Juniper La	ne	3629 Juniper Lane	<u></u>
Davie, Florida, 3	33330	Davie, Florida, 33330	
The name and t	the Florida street address  Alejandro Caceres  3629 Juniper Lane	of the registered agent are:  Name	5 PH 3:40
	Florida street address (P.O. Box NOT acceptate		
	Davie	FL 33330	
	City	Zip	
liability co registered ag statutes relo	ompany at the place designent and agree to act in this ating to the proper and cose obligations of my positions.	nt and to accept service of process for nated in this certificate, I hereby accept scapacity. I further agree to comply implete performance of my duties, and as registered agent as provided for acceptance (REQUIRED)	cept the appointment as ly with the provisions of al nd I am familiar with and

(CONTINUED)

#### 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 Men	nber
"MGR" = Manager	41.1.0
MGR	Alejandro Caceres
	3629 Juniper Lane
	Davie, Florida, 33330
MGR, AMBR	Manuel Caceres
<del></del>	3629 Juniper Lane
	Davie, Florida, 33330
	<del></del>
(Lian attack-ment if managam	<u></u>
(Use attachment if necessary	()
CLE V: Other provisions, if an	ny.
REQUIRED SIGNATURE	E: / /
Alejandro Co	aceres N. I
Signature of a men This document is executed in a	mber or an authorized representative of a member accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that in a document to the Department of State constitutes a third degree felor
	Typed or printed name of ciance

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)