## 23000508050

(Requestor's Name)
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(Business Entity Name)
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## FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR TALLAHASSEE, FL 32309

EXAMINER'S INITIALS:\_\_\_\_\_

(850) 491-9625 Brandon (850) 524-5437 Teresa (850) 524-6243 Rich

Please use fund@from account: I20210000160: \$25.00 Authorization Signature: Hexagon Hideaway, LLC **Business Name: Document # Certified Copy** Certificate of Status **NEW FILINGS** & **AMENDMENTS** Amendment Profit Corp **Not for Profit** Resignation / Dissociation Change of Registered Agent \_\_Limited Liability \_\_\_Domestication **Revocation of Dissolution** LLLP Merger Corp X Articles of Conversion Amended & Restated Articles of Incorporation Inc Statement of Authority Other APOSTILLE(s) & **OTHER FILINGS** Apostille(s) Foreign Filing Country(s) Reinstatement Qualification **Fictitious Name Annual Report** 

## **COVER LETTER**

то:	Registration S Division of C			
SUBJ	IECT: Hexagon 1	lideaway, LLC		
5626		Name of Florida	Limited Liability Comp	pany
Limite		s of Conversion and fe mpany" into an "Othe		
Please	e return all corre	espondence concernin	g this matter to:	
Audra	Lynn			
	<del></del>	Contact Person		
Jacobs	Law, LLC			
		Firm/Company		
11171	Perimeter Center W	/est, Suite W501		
		Address		
Atlant	a, GA 30338			
	C	ity, State and Zip Code		
admin	@gjacobslaw.com			
F	-mail address: (to	be used for future annual i	report notification)	
For fu	irther information	on concerning this ma	itter, please call:	
Audra Lynn			at () _	920-4493
Name of Contact Person			Area Code and	Daytime Telephone Number
Enclo	sed is a check f	or the following amou	ınt:	
<b>=</b> \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee and Certificate of Status	S55.00 Filing Fee and Certified Copy	☐ \$60.00 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

CR2E106 (05/17)



June 20, 2024

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: HEXAGON HIDEAWAY, LLC.

Ref. Number: L23000508050

We have received your document for HEXAGON HIDEAWAY, LLC. and your check(s) totaling S. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 024A00013452



www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## Articles of Conversion For Florida Limited Liability Company Into

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"Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:
Hexagon Hideaway, LLC
Enter Name of Florida Limited Liability Company
2. The name of the "Converted or Other Business Entity" is:
Hexagon Hideaway, LLC
Enter Name of "Converted or Other Business Entity"
3. The "Converted or Other Business Entity" is a limited liability company (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)
organized, formed or incorporated under the laws of
The formation document is attached (if applicable).
4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.
5. This conversion shall be effective in Florida on:  [The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State: AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")
Note: If the data incorred in this block deep not ment the applicable etatutery filing requirements, this date

<u>Note:</u> If the date inscried 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.

- 6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":
  - a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address:	151 Hibiscus S	treet			
	Jupiter, FL 334	58			
Mailing Address:	151 Hibiscus St	rect			
	Jupiter, FL 33458				
	ne amount to wh	ss Entity" has agreed to pay a nich such members are entitled			
Signed this	. 20				
Signature: Oocus	igned by: 767F484497	igned by a Member or Authorized Repr			
		igned by a Member or Authorized Repr	esentative		
Printed Name: Roby	n Malpass	Title: Manager			
Fees: Filing Fee:		\$25.00			
Certified Cor	oy:	\$30.00 (Optional)	202 Tài		
Certificate of	Status:	\$5.00 (Optional)	2024 JUN 20 TÄLLÄHÄSS		
		Page 2 of 2	JUN 20 AHASSER		