

L14000207555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

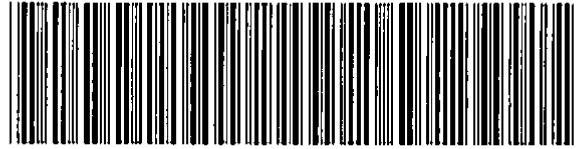
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000429188130

FILED

2024 MAY -8 AM 9:47

CLERK OF STATE  
TALLAHASSEE, FL

RECEIVED

2024 MAY -8 PM 1:52

CLERK OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 05/08/2024**

**NAME: HAIL ESTIMATES LLC**

**TYPE OF FILING: CONVERSION**

**COST: 150.00**

**RETURN: PLAIN COPY PLEASE**

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

**FILED**  
**2024 MAY -8 AM 9:47**  
**CLERK OF STATE**  
**TALLAHASSEE, FL**

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** HAIL ESTIMATES LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

DENNY MAGCALAS

(Contact Person)

SAUL EWING LLP

(Firm/Company)

161 N. CLARK ST. STE. 4200

(Address)

CHICAGO, IL 60601

(City, State and Zip Code)

denny.magcalas@saul.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

DENNY MAGCALAS

at (312) 876-7165

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☒ \$150.00 Filing Fees  
(\$25 for Conversion  
& \$125 for Articles  
of Organization)

☐ \$155.00 Filing Fees  
and Certificate of  
Status

☐ \$180.00 Filing Fees  
and Certified Copy

☐ \$185.00 Filing Fees,  
Certified Copy, 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

2024 MAY -8 AM 9:47  
OFFICE OF STATE  
TALLAHASSEE, FL

FILED

**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:  
HAIL ESTIMATES 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 ILLINOIS  
(Enter state, or if a non-U.S. entity, the name of the country)

on 8/26/2019  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
HAIL ESTIMATES 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.

**FILED**  
2024 MAR -8 AM 9:47  
OFFICE OF STATE  
TALLAHASSEE, FL

Signed this 7 day of MAY 2024

Signature of Authorized Representative of Limited Liability Company: DocuSigned by: Kevin O'Brien

Signature of Authorized Representative: Kevin O'Brien  
Printed Name: KEVIN O'BRIEN Title: MANAGER

Signature(s) of Other Business Entity: DocuSigned by: Kevin O'Brien [See below for required signature(s)]

Signature: Kevin O'Brien  
Printed Name: KEVIN O'BRIEN Title: MANAGER

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability 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:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

2024 MAY -8 AM 9:47  
FILED  
CLERK OF STATE  
TALLAHASSEE, FL

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

HAIL ESTIMATES LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

#### Mailing Address:

4417 SW 20TH PLACE  
CAPE CORAL, FL 33914

SAME

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

STEVEN APPLELBALM

Name

200 E. LAS OLAS BLVD.

Florida street address (P.O. Box NOT acceptable)

FORT LAUDERDALE FL 33301  
City Zip

*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.*

Steven Appelbalm

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2024 MAY -8 AM 9:47  
CLERK OF STATE  
TALLAHASSEE, FL

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

KEVIN O'BRIEN

4417 SW 20TH PLACE

CAPE CORAL, FL 33914

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

**REQUIRED SIGNATURE:**

DocuSigned by:

Kevin O'Brien

05A72206062048A

**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.

KEVIN O'BRIEN

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)

CLERK OF STATE  
TALLAHASSEE, FL  
2024 MAY -8 AM 9:57

FILED