L24000 233736

| (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: |
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COVER LETTER

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| TO: New Filing Section Division of Corporations | |
|--|---|
| SUBJECT: Hudson & Company, LLC | |
| (Name (| of Resulting Florida Limited Company) |
| The enclosed Articles of Conversion, a Business Entity" into a "Florida Limit | Articles of Organization, and fees are submitted to convert an "Othe ed Liability Company" in accordance with s. 605.1045, F.S. |
| Please return all correspondence conce | erning this matter to: |
| Ann M. Hudson | |
| (Contact Person) | |
| Hudson & Company, Inc. | |
| (Firm/Company) | |
| 801 SW 29th Place | |
| (Address) | |
| Gainesville, Florida 32601 | |
| (City, State and Zip C | ode) |
| ahudson505@gmail.com | |
| E-mail Address: (to be used for future ann | ual report notifications) |
| For further information concerning th | s matter, please call: |
| Ann M. Hudson | at (352) 538-0162 |
| (Name of Contact Person) | (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following dollars and drawn on a bank located in | amount: (All checks processed by this office must be payable in US in the United States) |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing and Certificate of Status | Fees □\$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

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.

| The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Hudson & Company, Inc. |
|--|
| (Enter Name of Other Business Entity) |
| Corporation The "Other Business Entity" is a (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.) |
| irst organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country) |
| 01/26/1981 on |
| The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| (Enter Name of Florida Limited Lizhility Company) |
| 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 he 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 focument's effective date on the Department of State's records. |
| 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 6 TH day of MAY | _ 20 <u>2 4 </u> |
|--|--|
| / Signature of Authorized Representative of Limi | |
| | 1 6/1 |
| Signature of Authorized Representative: | In al |
| Printed Name: Ann M. Hudson | Title: Manager |
| Signature(s) on behalf of Other Business Entity: Signature: | See below for required signature(s) |
| Printed Name: Ann M. Hudson | Tute: Officer |
| Trined (value) | _ Title. |
| Signature: | |
| Printed Name: | |
| | |
| Signature: | |
| Printed Name: | _ Title: |
| | |
| Signature: | |
| Printed Name: | Title: |
| Sumatura | |
| Signature: | Tulo |
| Frinted Name. | I RIC. |
| Signature: | |
| Printed Name: | Title |
| | |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or | Officer. |
| If Directors or Officers have not been selected, an In- | corporator must sign. |
| | |
| If Florida General Partnership or Limited Liabili | ty Partnership: |
| Signature of one General Partner. | |
| 4819 - 1 4 1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | |
| If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. | ty Limited Partnership: |
| Signatures of ALL Ocheral Partners. | |
| All others: | |
| Signature of an authorized person. | |
| and the second s | |
| 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) |
| | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|--|--|
| The name of the Limited Liability Co | mpany is: |
| Hudson & Company, LLC (Must contain the words "Lit | mited Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE H - Address: The mailing address and street address | ss of the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 211 SW 4th Avenue, Suite 3 Gainesville, Florida 32601 | 211 SW 4th Avenue, Suite 3 Gainesville, Florida 32601 |
| The name and the Florida street address John E. Hudson | |
| 004 CIN 2011 Blace | |
| 801 SW 29th Place Florida street ad | dress (P.O. Box <u>NOT</u> acceptable) |
| Gainesville | FL 32601 |
| Ci | ty Zip |
| liability company at the place de registered agent and agree to act in statutes relating to the proper and accept the obligations of my pos | agent and to accept service of process for the above stated limited esignated in this certificate. I hereby accept the appointment as a this capacity. I further agree to comply with the provisions of all I complete performance of my duties, and I am familiar with and sition as registered agent as provided for in Chapter 605, F.S |

(CONTINUED)

ARTICLE IV-

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

| MBR" = Authorized Member IGR" = Manager IGR | |
|--|--|
| č | |
| <u> </u> | – |
| | John E. Hudson |
| | 801 SW 29th Place |
| | Gainesville, Florida 32601 |
| GR | Ann M. Hudson |
| | 801 SW 29th Place |
| | Gainesville, Florida 32601 |
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| se attachment if necessary) | |
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| | |
| EV: Other provisions, if any. | |
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| | |
| EQUIRED SIGNATURE: | |
| SQUINED SIGNATURE. | |
| | |
| Tolla 11. | |
| - M. W. | |
| - M. H. | an authorized representative of a member |
| Signature of a member or | r an authorized representative of a member |
| Signature of a member of This document is executed in accordance | e with section 605.0203 (1) (b), Florida Statutes. I am aware the |
| Signature of a member or This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S. Ann M. Hudson | te with section 605.0203 (1) (b), Florida Statutes. I am aware the ument to the Department of State constitutes a third degree felo |
| Signature of a member or This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S. Ann M. Hudson | r an authorized representative of a member see with section 605.0203 (1) (b), Florida Statutes. I am aware the ument to the Department of State constitutes a third degree felt speed or printed name of signee Filing Fees |

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