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PICK-UP	ity/State/Zip/Phone #) 5.
(Bı	usiness Entity Name)
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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	05/06/24

Office Use Only



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T-5.4 4/1/24 TO:

Tabitha J Howell, Regulatory Specialist II

Letter Number 524A00006913

FROM:

Susan Vasiliadis

RE:

HAH I, LLC – Articles of Conversion

Ref. Number: W24000051723

Hi Tabitha:

Please find enclosed the corrected piece of information required to complete the Conversion request.

• I have enclosed the signature page with both signatures on it.

If you have any questions, I can be reached at 404-641-0315 or by email at suev@titanllc.net.

Thank you for your help in this matter.

Lean Warilials



April 1, 2024

HAH I, LLC 575 S. WICKHAM ROAD, SUITE F #505 MELBOURNE, FL 32904 US

SUBJECT: HAH I. LLC

Ref. Number: W24000051723

We have received your document for HAH I, LLC and check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tabitha J Howell Regulatory Specialist II

www.sunbiz.org

Letter Number: 524A00006913

COVER LETTER

10:	Division of C				
SHRI	IECT: HAH I, LI	_C			
30 Da	<u> </u>	(Name of Res	ulting Florida Limi	ted Con	npany)
					d fees are submitted to convert an "Other ecordance with s. 605,1045, F.S.
Pleas	e return all corre	espondence concerning	g this matter to:		
Darre	II T. Hanna				
		(Contact Person)		-	
HAH	I. LLC				
		(Firm/Company)			
575 S	. Wickham Road	, Suite F #505			
		(Address)		-	
Melbo	ourne, FL 32904				
	((City, State and Zip Code)		_	
SueV	@titanllc.net				
E-	mail Address: (to b	e used for future annual re	port notifications)	-	
For fi	urther informati	on concerning this ma	tter, please call:		
Susa	n Vasiliadis		at (404	641-6	0315
	(Name of Conta	ict Person)	(Area Code	(Day	ytime Telephone Number)
		or the following amou a bank located in the		proces.	sed by this office must be payable in US
(\$25 f & \$12	50.00 Filing Fees or Conversion 5 for Articles canization)	S155.00 Filing Fees and Certificate of Status	□\$180,00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add	ress:			t Address:
	New Filing S				Filing Section
	Division of C P.O. Boy 632	•			sion of Corporations Centre of Tallahassee
	Tallahassee,				N. Monroe Street, Suite 810

Tallahassee, FL 32303

•			
Signed this 01	day of March	20 <u>24</u> .	
	rized Representative of Limi	- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1	
Signature of Authoriz	zed Representative:	Title: CEO	
Printed Name: Daireil	1. Halina	Trile: CEO	
Signature(s) on beha	lt/of Other Business/Entity:	See below for required signature(s)	1
		•	
Signature: Printed Name: DAR	RELL T. HANNA	Title: (Ca)	<u> </u>
Signature:			
Printed Name:		Title:	<u> </u>
Signatura:			
Printed Name:		Title:	
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rimed Name.		1100	
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Printed Name:		Title:	-6
Signature:			
Printed Name:		Title:	CAB
If Florido Cornerati	an.		\$000 A
If Florida Corporation Signature of Chairman	on: n, Vice Chairman, Director, or	Officer.	Section of the
	rs have not been selected, an In		TONE TO THE
16 C			PRATION D
Signature of one General	artnership or Limited Liabili eral Partner	tty Partnersnip:	
If Florida Limited Pa Signatures of ALL Go	<u>artnership or Limited Liabili</u> eneral Partners.	ity Limited Partnership:	
All others: Signature of an author	rized person.		
Fees:			

Articles of Conversion: \$25.00 \$125.00

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compa	nny is:	
HAH I, 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 Limit	ed Liability Company is:
Principal Office Address:	Mailing Address:	
575 S. Wickham Road, Suite F #505	P.O. Box 411638	
Melbourne, FL 32904	Melbourne, FL 32941	· · · · · · · · · · · · · · · · · · ·
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)		
The name and the Florida street address o	of the registered agent are:	CABILLAN
Corporation Service Co	mpany	ASS.
	Name	ORPO ORPO
1201 Hays Street		ELONDAS PH IZ: 4
Florida street addres	s (P.O. Box NOT acceptable)	
Tallahassee	FL 32301	c
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..

Judith Royos, Asst Socy

Registered Agent's Signature (REQUIRED)

(CONTINUED)

A D'	TI	C1		IV.
AK	11	v.	LE	1 V -

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager MGR	Galaxy Capital Inc., by Darrell T. Hanna CEO of Manager		
WGR	575 S. Wickham Road, Suite F #505		
	Melbourne, FL 32904		
	CAB VISIO		
	7 - 15 DO:000		
	<u> </u>		
	PON PON		
	PORATION PORTO		
	A A S		
(Use attachment if necessary) CLE V: Other provisions, if any.			
REQUIRED SIGNATURE:	DITA		
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the ment to the Department of State constitutes a third degree felor		
Darrell T. Hanna			
	ped or printed name of signee		

Typed of printed name of

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)