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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 Fla. Stat. § 605.1045.

1. The name of the “Other Business Entity” immediately prior to the filing of this Articles of Conversion is: Horseman Solutions LLC.
2. The “Other Business Entity” is a Limited Liability Company first organized under the laws of the State of Maryland.
3. The “Other Business Entity” was formed on June 19, 2019.
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is: Horseman Insurance Solutions LLC.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. This document becomes effective when the document is accepted and filed by Secretary of State.

Signed this June 8, 2024.

Signature of the Authorized Representative of the Limited Liability Company:

David Lewis Horseman Jr.
Signature: _____
David Lewis Horseman Jr., Manager

Required Signatures on behalf of the Other Business Entity:

David Lewis Horseman Jr.
Signature: _____
David Lewis Horseman Jr., Member

ARTICLES OF ORGANIZATION
FOR
HORSEMAN INSURANCE SOLUTIONS LLC
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.
Name

The name of the Limited Liability Company is: Horseman Insurance Solutions LLC (the "Company").

ARTICLE II.
Address

The principal office and mailing address of the Company is:

92200 Overseas Highway, Suite 111
Tavernier, Florida 33070

ARTICLE III.
Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC
360 Central Avenue
Suite 800
Saint Petersburg, FL 33701

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.



Vishva S Nandu (sign)

FLP RA Services LLC

ARTICLE IV.
Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member	
MGR = Manager	
<u>MGR</u>	David Lewis Horseman Jr. 92200 Overseas Highway, Suite 111 Tavernier, Florida 33070

ARTICLE V.

The Effective date shall be the date of filing.

David Lewis Horseman Jr. _____ (sign)

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.

David Lewis Horseman Jr.
Authorized Representative/Member