# P1800025992

(Re	equestor's Name)	
(Ac	ddress)	<del></del>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

MISW/X693

MAR 28 2018

T. SCOTT



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02/22/18~-01014~-006 \*\*105.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA



March 15, 2018

HELEN JONES 13 EAST TANGLEWOOD DRIVE APOPKA, FL 32712

SUBJECT: HUMMER, INC. Ref. Number: W18000018693

We have received your document for HUMMER, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Incorporator must sign.

Please return the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 518A00005237

RECEIVED 2018 MAR 26 PM 12: 23

#### **COVER LETTER**

TO:	Charter Section Division of Corpo	rations			
SHRI	JECT: HUMMER, LL	.C.			
3000			Resulting Florid	la Profit (	Corporation
The e Entity	nclosed Certificate o y" into a "Florida Pro	of Conversion, Articles of the Corporation" in according to the corporation of the corpor	of Incorporation	on, and fe 5. 607.111	res are submitted to convert an "Other Business 15, F.S.
Please	e return all correspor	ndence concerning this	matter to:		
HELE	EN JONES				
•		Contact Person	· · · · · · · · · · · · · · · · · · ·	_	
ROCI	K SPRINGS TAX				
		Firm/Company		_	
13 E	AST TANGLEWOOD	DRIVE			
		Address			
APO	PKA, FL. 32712				
, <del>=</del>	C	ity, State and Zip Code	:		
ROC	KSPRINGSTAX@AO				
	E-mail address: (to l	be used for future annu	al report notifi	cation)	
For f	urther information co	oncerning this matter, p	olease call:		
HEL	EN A. JONES		_at (	880-4	
	Name of Con	tact Person	Area	Code and	l Daytime Telephone Number
Ench	osed is a check for th	ne following amount:			
<b>9</b> \$1	a	S113.75 Filing Fees and Certificate of Status	☐\$113.75 Fill and Certified		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status
New Divi: Clift	EET ADDRESS: Filings Section sion of Corporations on Building Executive Center C			New F Divisi P. O. I	LING ADDRESS: Cilings Section on of Corporations Box 6327 assec FL 32314

Tallahassee, FL 32301

## Certificate of Conversion For "Other Business Entity" Into

### Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
HUMMER LLC. LNW2 St 291
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)
12/19/2017 on
Enter date "Other Business Entity" was first organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:  NA
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> : HUMMER, INC.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date:  (The effective date: Cannot be prior to nor more than 90 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.

Page 1 of 2

SECRETARY OF STAIDA

	Signed thisday of	, 20 <sup>2018</sup>
	Required Signature for Florida Profit Corporation:	
ラ		er or if Directors or Officers have not been selected an
	Required Signature(s) on behalf of Other Business E	Entity: [See below for required signature(s).]
	Signature: Aug Del	
	Printed Name: VIRGINIA DEMETRO	Title:
	Signature:	
	Printed Name:	Title:
	Signature:	
	Printed Name:	Title:
	Signature:	
	Printed Name:	Title:
	Signature:	
	Printed Name:	_ Title:
	Signature:	
	Printed Name:	Title:
	If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
	•	
	If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
	If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
	All others: Signature of an authorized person.	
	Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

### ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: HUMMER. INC	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address 3030 N E 42ND STREET	Mailing address, if different is:
FT LAUDERDALE, FL. 33308	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
CONVERSION OF LLC INTO INCORPORATION	
· · · · · · · · · · · · · · · · · · ·	2018 M. SECR
	AR 26 PR AHASSEE. F
	—————————————————————————————————————
ARTICLE IV SHARES The number of shares of stock is:	STATE LORIDA
ARTICLE V INITIAL OFFICERS AND/OR DI	RECTORS
Name and Title: VIRGINIA DEMETRO-PVST	Name and Title:
Address: 3030 N E 42ND STREET FT LAUDERDALE, FL. 33308	Address:
Name and Title:	Name and Title:
Address:	
Name and Title:	
Address:	

	and Florida street address (P.O. Box NO	acceptable) of the registered agent is:
Name:	VIRGINIA DEMETRO	
Address:	3030 N E 42ND STREET	
	FT LAUDERDALE, FL. 33308	
ARTICL	<del></del>	
The <u>name</u>	e and address of the Incorporator is:	
Name:	VIRGINIA DEMETRO	
Address:	3030 NE 42ND STREET	
	FL LAUDERDALE, FL. 33308	
*******  Having be this certif	********************************* een named as registered agent to accept so licate, I am familiar with and accept the ap	**************************************
Mr.	and t	02/15/2018
-	Required Signature/Registered Agent	Date
I submit i documen	this document and affirm that the facts st t to the Department of State constitutes a t	ed herein are true. I am aware that any false information submitted in rd degree felony as provided for in s.817.155, F.S.
of	yDt_	02/15/2018
•	Required Signature/Incorporator	Date