

PI9000017346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

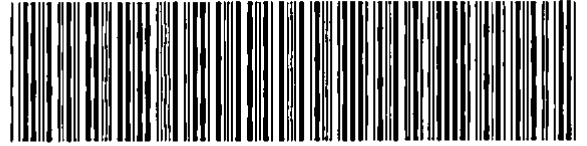
(Document Number)

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: LOCKHART MANAGEMENT GROUP, LLC

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

JAMES LOCKHART

Contact Person

LOCKHART MANAGEMENT GROUP, LLC

Firm/Company

5668 FISHHAWK CROSSING BLVD, SUITE 331

Address

LITHIA, FL 33547

City, State and Zip Code

JL@3L.CAPITAL

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN L. FRIEDMAN

at ( 781 ) 910-6992

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees    ☐ \$113.75 Filing Fees and Certificate of Status    ☒ \$113.75 Filing Fees and Certified Copy    ☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**

New Filings Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filings Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**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:

LOCKHART MANAGEMENT GROUP, LLC

#M17-9679

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY  
(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 DELAWARE  
(Enter state, or if a non-U.S. entity, the name of the country)

on NOVEMBER 9, 2017

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:

FLORIDA

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

LOCKHART MANAGEMENT GROUP, 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.

FILED  
2019 FEB -1 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 19 day of February, 2019

**Required Signatures for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: \_\_\_\_\_

Printed Name: JAMES LOCKHART Title: PRESIDENT / Manager

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: \_\_\_\_\_

Printed Name: James Lockhart Title: Manager

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 Partnership:**

Signature of one General Partner.

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

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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

**ARTICLE I NAME**

The name of the corporation shall be: LOCKHART MANAGEMENT GROUP, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

3115 LITHIA PINECREST ROAD, SUITE 331

5668 FISHHAWK CROSSING BLVD, SUITE 331

VALRICO, FL 33596

LITHIA, FL 33547

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROVIDE MANAGEMENT AND CONSULTING SERVICES AND PERFORM ANY OTHER FUNCTIONS

PERMITTED BY THE LAWS OF FLORIDA.

**ARTICLE IV SHARES**

The number of shares of stock is: 20,000 (10,000 VOTING AND 10,000 NON-VOTING)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JAMES LOCKHART, PRESIDENT *Manager*

Name and Title: JAMES LOCKHART, TREASURER

Address: 15914 SORAWATER DRIVE  
LITHIA, FL 33547

Address: SAME

Name and Title: JAMES LOCKHART, DIRECTOR

Name and Title: \_\_\_\_\_

Address: SAME

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JAMES LOCKHART  
Address: 15914 SORAWATER DRIVE  
LITHIA, FL 33547

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: JAMES LOCKHART  
Address: 15914 SORAWATER DRIVE  
LITHIA, FL 33547


\*\*\*\*\*  
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

2-19-19  
Date

*I submit this document and affirm that the facts stated herein are true. 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.*

  
Required Signature/Incorporator

 2-19-19  
Date