

P190000067976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

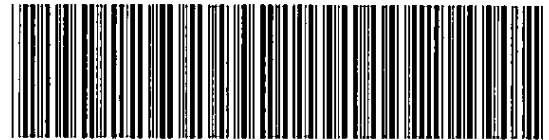
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/21/19--01017--025 **105.00

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19 AUG 21 AM 8:29
19 AUG 21 10:13:43

SEP 04 2019

R KEMPLE

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Hardin Comar Enterprises, Inc.
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:

Shelby Birnbaum
Contact Person

Straticon, LLC
Firm/Company

451 SW Federal Hwy
Address

Stuart, FL 34994
City, State and Zip Code

shelby.birnbaum@straticon.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chloe McNamara at (772) 210-0200
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

MAILING ADDRESS:
New Filings Section
Division of Corporations
P. O. Box 6327

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:

Hardin Comar Enterprises, Inc.

Enter Name of Other Business Entity

2. The "Other Business Entity" is a For Profit Corporation

(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 Michigan

(Enter state, or if a non-U.S. entity, the name of the country)

on 12/11/2000

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:

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

Hardin Comar Enterprises, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: August 19, 2019

(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.

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19 AUG 21 AM 8:33
CLERK OF THE COURT
JULIA L. HARRIS

Signed this 19th day of August, 2019.

Required Signature for Florida Profit Corporation:

Signature of ~~Chairman~~ Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]
Printed Name: Chris Hardin Title: MGR

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

DocuSigned by:
Signature: [Signature]
Printed Name: Chris Hardin Title: MGR

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)

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19 AUG 21 AM 8:39
ATLAS

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: Hardin Comar Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address <u>451 SW Federal Hwy</u> <u>Stuart, FL 34994</u> _____ _____	Mailing address, if different is: _____ _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Management company.

ARTICLE IV SHARES

The number of shares of stock is: 60,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Chris Hardin, MGR</u> Address: <u>451 SW Federal Hwy</u> <u>Stuart, FL 34994</u> _____ Name and Title: _____ Address: _____ _____ Name and Title: _____ Address: _____ _____	Name and Title: _____ Address: _____ _____ Name and Title: _____ Address: _____ _____ Name and Title: _____ Address: _____ _____
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19 AUG 21 AM 8:59
CLERK OF COURT
JANET L. HARRIS

ARTICLE VI REGISTERED AGENT

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


Name: Chris Hardin
Address: 451 SW Federal Hwy
Stuart, FL 34994

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Chris Hardin
Address: 451 SW Federal Hwy
Stuart, FL 34994

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

DocuSigned by:  8/19/2019
9F82DE555AF6C3 Required Signature/Registered Agent 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.

DocuSigned by:  8/19/2019
9F82DE555AF6C3 Required Signature/Incorporator Date

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19 AUG 21 AM 8:58
U.S. DEPARTMENT OF STATE
WASHINGTON, D.C. 20540