

(R	Requestor's Name	)
(A	(ddress)	···
(A)	Address)	
(C	City/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
	<u> </u>	
(B	Business Entity Na	me)
(C	Occument Number	)
Certified Copies	Certificate	es of Status
Special Instructions to	o Filing Officer:	

Office Use Only

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## COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

<b>TO:</b> New Filing Section Division of Corporations			
SUBJECT: Hawk Operations In	nc.		
	of Resulting Florida	Profit Corporation	<del></del>
The enclosed Articles of Conversion, Article entity into a "Florida Profit Corporation" in	-		
Please return all correspondence concerning	this matter to:		
Samuel Phillips			
Contact Person	****		
American Tax Solution	าร		<b>2022</b> (10.7
Firm/Company			- ,
1055 W 7th St # 1600			-6
Address			9:5
Los Angeles, Californi	a 90017		CT
City, State and Zip C	ode		
SPhillips@atsco.tax			
E-mail address: (to be used for future a	nnual report notificat	ion)	
For further information concerning this matt	er, please call:		
Samuel Phillips	at (323	375-5125	
Name of Contact Person		de and Daytime Telephon	e Number
Enclosed is a check for the following amoun	1:		
□ \$105.00 Filing Fees □\$113.75 Filing Fe and Certificate of Status	es \$113.75 Filing and Certified Co		nd
Mailing Address:  New Filing Section  Division of Corporations		Street Address: New Filing Section Division of Corporation	s

The Centre of Tallahassee

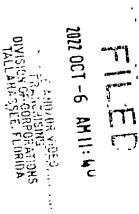
Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202. Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
Hawk Operations LLC
Enter Name of the Converting Entity
2. The converting entity is a LLC
(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-LIS, entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
on 3/1/2022
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> :  Hawk Operations Inc.
Enter Name of Florida Profit Corporation
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.
5. It 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.
<b>20.</b>



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		e - <del>1</del> 7 . ,
Signed this day of	<u> 20</u>	6. 
Required Signature for Florida Profit C	orporation:	And the same of th
	ors or Officers have not been selected, an Incorporator:	
Jan N	ors of Officers have not been selected, an incorporator,	
David Lyada	Drasidant/CEO	
Printed Name: David Lyons T	itle: President/CEO	
Required Signature(s) on behalf of Conv	verting Florida partnerships, limited partnerships, a	nd limited liabil
companies: [See below for required signal		
Signature:		
Printed Name: David Lyons	<sub>Title:</sub> Member/Manager	. ·
Maran An		r service and a
Signature: Hagy I vons	Mombor/Manager	·
Printed Name: Haley Lyons	Title: Member/Manager	•
Signature:		•
Printed Name:	Title:	· :
Signature:		
Printed Name:	Title:	× 200
Signature:		in the second of
Printed Name:	Title:	
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Printed Name:	Title: 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	
If Florida General Partnership or Limit	ed Liability Partnership:	
* Signature orione weneral Partner.		
If Florida Limited Partnership or Limit Signatures of AEL General Partners.		
MElorida Limited Liability Company:	in the second of	
Intelorida Pimited Liability-Company: Signature of a Memberfor Authorized Rep	reconstative vacati vita	
Allothers	ask with the same of the same	
Signature of an authorized person.		
Reess		
Arthon of Comment	\$35,00	
Candidate of States	POTERION: \$70,00 \$3.73 (Optional)	
Controlle (0) Status	SS-73 (Optional)	

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

ARTICLE I NAME The name of the corporation shall be: Hawk Operation	ions Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
1011 SW 52nd Street	
Cape Coral, FL 33914	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Bookkeeping, administration,	coordination
	1027 OCT -6 AM  Nov. BIANT OCT -6 AM  Nov. B
ARTICLE IV SHARES The number of shares of stock is: 1,000,000	11: 50 KS
ARTICLE V OFFICERS AND/OR DIRECTORS  Name and Title: David Lyons, President/CEO  Address: Cape Coral, FL 33914  Name and Title: David Lyons, Vice President/COO  Address: Cape Coral, FL 33914  Paris Cape Coral, FL 33914  Name and Title: David Lyons, Secretary  Address: David Lyons, Secretary  1011 SW 52nd Street  Cape Coral, FL 33914	Name and Title:  David Lyons, Treasurer/CFO  1011 SW 52nd Street  Cape Coral, FL 33914  Name and Title:  Address:  Name and Title:  Address:

Name Jaley Lyons		cceptable) of the				
Addiess 31011 SW 52nd	<u> </u>	4				
Cape Coral, FL	33914				-	
No. 10					a kajar. Salenda	
***********	******	*******	*******	******		
Having been named as registered agent	to accept service	ce of process for t	he above sta	ited corpora	tion at i	the place designa
this certificate, I am familiar with and ac	cept the appoil	ntment as register	ea agent an	a agree to a	t in thi	s capacity
HALLEN			8	7/3/22		
Required Signature/Registere	ed Agent	<del></del>	-	Date	<del></del> -	
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