## 22000082969

(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:			

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SECRETARY OF STATE TALLAHASSEE, FL

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## Articles of Conversion For Converting Eligible Entity

## Into Florida Profit Corporation

The Articles of Conversion <u>and attached Articles of Incorporation</u> 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:
Hood Brothers LLC
Enter Name of the Converting Entity
2. The converting entity is a <u>limited liability company.</u> (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)
on 10-4-22  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> :
Hood Brothers 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. If not effective on the date of filing, enter the effective date: 11-2-22

5. If not effective on the date of filing, enter the effective date: 13 days after the date this document is filed by the Florida Department of State.)

<u>Note:</u> 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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Required Signature for Florida Profit Corporation:		
Signature of Director, Officer, or, if Directors or Office		ator:
Printed Name: Kother Sabourin Title: Sec		
Required Signature(s) on behalf of Converting Flori		ps, and limited liability
companies: [See below for required signature(s).]		
Signature: Heath Agly Dan		<del></del>
Printed Name: Heather Sabour, n	_ Title: <u>Se (vetavy</u>	<del></del>
Signature:		<del></del>
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:	-1-	
Printed Name:	Title:	
Signature:		<del></del>
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 <u>ALL</u> General Partners.		
1f Florida Limited Liability Company:		207 SE
Signature of a Member or Authorized Representative.		2022 NOV -2 AH SECRETARY OF TALLAHASSE
All others:		LAH
Signature of an authorized person.		
Fres:		SCI 🕿 📔

Articles of Conversion:

Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:

\$8.75 (Optional) \$8.75 (Optional)

\$35,00

\$70,00

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

ARTICLE I The name of t	he corporation shall be: HOOC BOTH	exs INC	
	I PRINCIPAL OFFICE place of business/mailing address is:		
20630	Principal street address  5151 DVVC	Mailing address, if different is:	
Lake (	:LHFL 32024		
The purpose	II PURPOSE for which the corporation is organized is:  US+ Nood Clean.	ng for restaurants	
ARTICLE I	V SHARES of shares of stock is:		
ARTICLE	v officers and/or directors		
		ddress:	
Address:	Lake City FL 32024		-
Name and Ti		ame and Title:	•
Address:	25 2 -562	ddress:	
	Lake (.+, FL 32024		_
Name and Ti	Hetleather Sabourn Secretary N	ame and Title:	
Address:	20630 31st Drive A		
	Lake (.+(FL 32024	RY OF	
	<del></del>	S 5	

ARTICI	LE VI REGISTERED AGENT  é and Florida street address (P.O. Box NOT accept	able) of the registered agent is:
The <u>name</u>	e and Figitua street address (1.0. 150x 140 Faccept	and of the registered agent is.
Name:	Heather Sabourin	
Address:	20630 314 Drive	
	Lake (. t-, FL 32024	
******	****************	<b>*</b> ********************
Having b this certij	been named as registered agent to accept service of plicate, I am familiar with and accept the appointmen	process for the above stated corporation at the place designated in it as registered agent and agree to act in this capacity
Hea	thedalini	11-2-22
	Required Signature/Registered Agent	Date

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