P23000 000 242

(Requestor's Nar	ne)
(Address)	
(Address)	
(1001000)	
(City/State/Zip/Pi	one #)
PICK-UP WAIT	MAIL
PICK-UP WAIT	□ MAIL
(Business Entity	Name)
(Document Numb	Ter)
(Document Num	(1)
Certified Copies Certific	 ates of Status
Special Instructions to Filing Officer:	
Special instructions to ming Onicer.	
Office Use	Only
7122 m	10000
· 1/1 1/1 /	1 (7) 1
$(I) \sigma I I \lambda \wedge \wedge$	1 111/1/1
IN OF M	90817



900390135049

06/30/22--01019--031 **122.50

9-16-22



2022 13 /111:12

July 24, 2022

ARIK J. HUNTER 8209 N. SEMMES ST. TAMPA, FL 33604

SUBJECT: HUNTERLOCKK, INC. Ref. Number: W22000090872

We have received your document for HUNTERLOCKK, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

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: 922A00015377

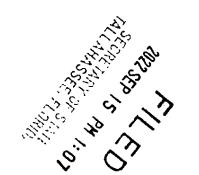
COVER LETTER

Division of Corporations	
SUBJECT: HUNTERLO	CKX, inc.
,000	Name of Resulting Florida Profit Corporation
	, Articles of Incorporation, and fees are submitted to convert the following eligible ion" in accordance with ss. 607.11933 & 607.0202, F.S.
Please return all correspondence conc	cerning this matter to:
Arik J. Hunter	
Contact F	Person
Hunterlockx	
Firm/Con	mpany
8209 N. Semmes \$	St.
Addro	ress
Tampa, FL 33604	
City, State and	id Zip Code
arik93hunter@gma	ail.com
E-mail address: (to be used for t	future annual report notification)
For further information concerning th	his matter, please call:
Arik j Hunter	_{at (} 813 ₎ 507-1003
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following	g amount:
☐ \$105.00 Filing Fees ☐ \$113.75 Fi and Certifica Status	-
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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 E	ntity immediately prior to the filing of the Articles of	Conversion is:
HUNTERLOCKX,	LLC	
	Enter Name of the Converting Entity	·
2 The converting entity is a	nited liability company L220	00244549
(Enter ent	ty type. Example: limited liability company, limited artnership, common law or business trust, etc.)	
first organized formed or incorre	prated under the laws of Florida	
(B	nter state, or if a non-U.S. entity, the name of the cou	ntry)
on 05/09/2019		
	"Converting Entity" was first organized, formed or it	ncorporated.
3. The name of the Florida Profit	Corporation as set forth in the attached Articles of I	ncorporation:
HUNTERLOCKX,	INC.	
	Enter Name of Florida Profit Corporation	 -
4. This conversion was approved current/organic jurisdiction.	by the eligible converting entity in accordance with the	is chapter and the laws of its
5. If not effective on the date of f	 Bling, enter the effective date:	·
(The effective date: Cannot be Department of State.)	prior to nor more than 90 days after the date this o	locument is filed by the Florid
Note: If the date inserted in this I	block does not meet the applicable statutory filing requate on the Department of State's records.	uirements, this date will not be



d.		
Signed thisday of _	September, 20 22	
Required Signature for Florida	Profit Corporation:	
Signature of Director, Officer, or,	if Directors or Officers have not been selected, an Incorporator:	
Printed Name: Arik j Hun	ter Title: PT CEO	
Required Signature(s) on behal	of Converting Florida partnerships, limited partnerships, and	limited liability
companies: [See below for requi	red signature(s).]	
Signature: We Signature:		
Printed Name: Acik	Hunter Title: PTCCO	
Signature:	that	
Printed Name: Huly Funto.	Title: V 3	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title;	
Signature:		
Printed Name:	Title:	
If Florida General Partnership Signature of one General Partner.	or Limited Liability Partnership:	
If Florida Limited Partnership Signatures of ALL General Partnership	or Limited Liability Limited Partnership: ers.	
If Florida Limited Liability Cor Signature of a Member or Author		Ass
All others: Signature of an authorized person		Mass 7
Fees: Articles of Conversion:	\$35.00	35/7

\$70.00

\$8.75 (Optional)

\$8.75 (Optional)

Fees for Florida Articles of Incorporation: Certified Copy:

Certificate of Status:

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

The name of the corporation shall be:	unterlockx, inc.	
ARTICLE II PRINCIPAL OFFIC	CIE	
The principal place of business/mailing add		
Principal street address		Mailing address, if different is:
8209 N. Semmes St.	•	
Tampa, FL 33604		
ARTICLE III PURPOSE The purpose for which the corporation is Conversion of the company Hunterlocks	-	an attemptive effort to better
meet the goals of the business, and its m	nembers, as according to the Hur	nterlockx Mission Statement.
		74.5
		728.
		SSEE
ARTICLE IV SHARES The number of shares of stock is: 1,00	00,000	P. CORN
ARTICLE V OFFICERS AND/OR	DIBECTORS	07
Name and Title: Arik Hunter (F		Amy Hunter (V S)
Address: 8209 N Semmes St. Tam	npa, FL 33604 Address:	8209 N Semmes St. Tampa, FL 33604
Name and Title:	Name and Ti	tle:
Address:	Address:	
Name and Title:	Name and Ti	tle:
Address:		

ARTICL				•	
The <u>name</u>	and Florida street address	s (P.O. Box NOT acc	ceptable) of the regist	ered agent is:	
Name:	Arik j. Hunter				
Address:	8209 N Semm	nes St.			
	Tampa, FL 33	604			
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					
	Aug Into			9-9-22	
	Required Signature/Regis	nerea Agent		Date	