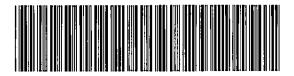
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(0.1), 0.0.0.1,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

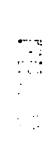
Office Use Only



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-3/27/25

COVER LETTER

TO:	New Filing So Division of Co							
SUBJ	FCT: Michael F	Harde LLC						
30113		(Name of Res	sulting Florida Lim	ited Cor	npany)			
					nd fees are submitted to ecordance with s. 605.1		n "Oth	er
Please	return all corre	espondence concernin	g this matter to:					
Michae	el Harde							
		(Contact Person)		_				
Michae	el Harde LLC							
		(Firm/Company)		_				
6912 A	Adderly Rd							
	· ·	(Address)		_				
Englev	wood, FL 34224					,		
	((City, State and Zip Code)		-				
mhard	e.mh@gmail.cor	n						
E-n	nail Address: (to be	e used for future annual re	port notifications)					
For fu	rther information	on concerning this ma	tter, please call:					
Michae	el Harde		at (603	209-6	0002			
	(Name of Conta	ct Person)		(Day	vtime Telephone Number)	_		
		or the following amou a bank located in the		proces:	sed by this office must	be payable	e in US	•
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles mization)	\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status		2025 JAN	
	Mailing Addi New Filing So Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		New Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite hassee, FL 32303	2810 1	14 1110:53	

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Michael Harde LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
February 10, 2006
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Michael Harde LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar 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.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 7th day of	January	20 25	
Signature of Authorized Rep			
Signature of Authorized Repro Printed Name: Michael Harde	esentative: <u>Mic</u>	Title: AMBR	
	er Business Entity:	See below for required signature	e(s)]
Signature: Mishael Harde	Harde	Title: AMBR	
Printed Name: Michael Harde		Title: AMBR	
Signaturo:			
Printed Name:		Title:	
Signature:		Title:	
Printed Name:		Title:	<u></u>
Signature:			
Printed Name:		Title:	
Signatura			
Printed Name:		Title:	
Signature:		Title:	
Printed Name:	·	Title:	
If Florida Corporation:			
Signature of Chairman, Vice Cl			
If Directors or Officers have no	t been selected, an In-	corporator must sign.	
If Florida General Partnershi		ty Partnership:	
Signature of one General Partne	er.		
If Florida Limited Partnershi Signatures of <u>ALL</u> General Par		ty Limited Partnership:	
All others: Signature of an authorized person	on.		
Fees:			
Articles of Conversion Fees for Florida Article Certified Copy: Certificate of Status:		\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	i me: Limited Liability Compan	v ic.			
The name of the L	innied Elability Compan	y 10.			
Michael Harde LLC		iability Company, "L.L.C.," or "LLC.")			
(,5)	rust contain the words. Emmed En	ability company, bithen or bee.			
ARTICLE II - A					
The mailing addre	ess and street address of the	ne principal office of the Limited	Liability Company is:		
Principal Office	Address:	Mailing Address:			
6912 Adderly Rd		6912 Adderly Rd			
Englewood, FL 342	224	Englewood, FL 34224			
					
The Limited Liability C business entity with an	Registered Agent, Regist Company cannot serve as its own I active Florida registration.) Florida street address of	ered Office, & Registered Ager Registered Agent. You must designate an in the registered agent are:	nt's Signature: dividual or another		
	Chris Murtha	,			
	Ŋ	łame			
	2800 Placida Rd Ste 109				
	Florida street address ((P.O. Box <u>NOT</u> acceptable)			
	Englewood	FL 34224			
	City	Zip			
liability com registered agent statutes relativ	pany at the place designate t and agree to act in this co ig to the proper and compl bligations of my position of	nd to accept service of process for ed in this certificate, I hereby accompacity. I further agree to comply lete performance of my duties, and is registered agent as provided for Signature (REQUIRED)	ept the appointment as with the provisions of a d I am familiar with and		
	(CON	TINUED)	 .		

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
AMBR	Michael Harde	
	6912 Adderly Rd	
	Englewood, FL 34224	
	·	
		
(Use attachment if necessary)		
ICLE V: Other provisions, if any.		
	<u> </u>	<u></u>
REQUIRED SIGNATURE:		
m. 1/6/		
Miller Soul		

as provided for in s.817.155, F.S.

Michael Harde

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)