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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

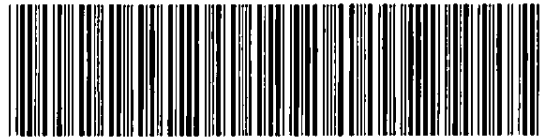
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALAMON, SCOTT
STATE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Hammond Transport LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Deven R. Hammond
(Contact Person)

Hammond Transport LLC
(Firm/Company)

2025 Hamilton Street
(Address)

Jacksonville, FL 32210
(City, State and Zip Code)

HammondTransport@gmail.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Deven R. Hammond at (907) 347-0009
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization) | <input type="checkbox"/> \$155.00 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$180.00 Filing Fees
and Certified Copy | <input checked="" type="checkbox"/> \$185.00 Filing Fees,
Certified Copy, and
Certificate of 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 8
Tallahassee, FL 32303

STATE
TALLAHASSEE
FL

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Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

The Articles of Conversion **and attached Articles of Organization** 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:

Hammond Transport LLC
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LLC
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of the State of Utah
(Enter state, or if a non-U.S. entity, the name of the country)

on 06/02/2010
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Hammond Transport 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.

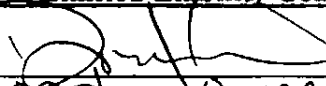
5. The plan of conversion has been approved in accordance with all applicable statutes.

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.

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STATE OF FLORIDA
TALLAHASSEE, FL

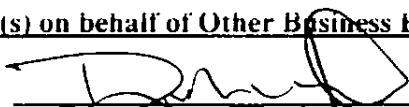
Signed this 7th day of January 2025.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 

Printed Name: Deven R. Hammond Title: Owner/Manager

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

Signature: 

Printed Name: Deven R. Hammond Title: Owner/Manager

Signature: 

Printed Name: Brittany L. Grimm Title: Owner/Manager

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

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.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

STATE
TALLAHASSEE, FL

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ARTICLE I - NAME AND NATURE OF THE LIMITED LIABILITY COMPANY AND ITS ADDRESS

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hammond Transport LLC

(The name of the Limited Liability Company shall be in English.)

ARTICLE II - Address:

The principal office and principal place of business of the Limited Liability Company shall be:

Principal Office Address:

Mailing Address:

2025 Hamilton St
Jacksonville, FL
32210

2025 Hamilton St
Jacksonville, FL
32210

The Limited Liability Company shall appoint the following person to serve as its Registered Agent. You must designate a third party to act as the Registered Agent with an active Florida registration.)

The name of the Registered Agent is:

Alicia D. Gabree

(Print Name)

4584 St. Johns Avenue

(Florida street address (P.O. Box NOT acceptable))

Jacksonville FL 32210
City Zip

I, the undersigned, do hereby accept service of process for the above named Limited Liability Company in the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of the Florida Statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 602, F.S.

Alicia D. Gabree

Registered Agent's Signature (REQUIRED)

(CONTINUED)

CLERK OF STATE
TALLAHASSEE, FL

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

Deven R. Hammond
2025 Hamilton St.
Jacksonville, FL 32210

Brittany L. Grimm
2025 Hamilton St.
Jacksonville, FL 32210

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Deven R. Hammond

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)

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TALLAHASSEE, FL
STATE