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(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:

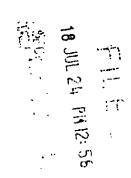
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COVER LETTER

Division of C				
SUBJECT: SEQUOI	A FINANCIAL SOLUTIO	ONS IV LLC		
	(Name of Res	sulting Florida Limited Co	ompany)	_
	-	_	and fees are submitted to accordance with s. 605.	
Please return all corr	espondence concernin	g this matter to:		
Roger Hoss				
	(Contact Person)			
Sequoia Financial Solu	utions IV LLC			· 教练 60 一个
	(Firm/Company)			
385 Oakview Drive				
	(Address)			
Delray Beach, FL 3344	1 5			18 JUL 24 PH 12:56
	City, State and Zip Code)			· 5
roger@sequoiafinancia	alsolutions.com			
E-mail Address: (to b	oe used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Roger Hoss		_at (<u>916</u>) <u>799</u>	-7390	
(Name of Conta	act Person)	(Area Code) (Da	aytime Telephone Number)	
	or the following amou a bank located in the	· ·	ssed by this office must	be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	S:	MAILING	ADDRESS:	
New Filing Section	•	New Filing		
Division of Corporat	ions	Division of	Corporations	
Clifton Building		P. O. Box 6.	327	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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 Article SEQUOIA FINANCIAL SOLUTIONS IV LLC	les of Conversion is:
(Enter Name of Other Business Entity)	··
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, commo	on law or business trust, etc.)
First organized, formed or incorporated under the laws of	e name of the country)
on 08/12/2010 (date of organization, formation or incorporation).	•
3. The name of the Florida Limited Liability Company as set forth in the attached Art SEQUOIA FINANCIAL SOLUTIONS IV LLC	icles of Organization:
(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 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 document's effective date on the Department of State's records.	90 calendar days after
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 appraishment which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.	sal rights the amount to

Signed this 19th day of July	20 <u>18</u> .	
Signature of Authorized Representative of Limi	7 A i	
Signature of Authorized Representative: Printed Name: Roger Hoss	Title: Manager Member	_
Signature(s) on behalf of Other Business Entity:		
Signature: Printed Name: Roger Hoss	Title: Manager Member	_ _
Signature:Printed Name:		_
Signature: Printed Name:		
Signature:Printed Name:		
Signature:Printed Name:		
Signature: Printed Name:		
If Florida Corporation:		_
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc		
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		18 JU
Fees:		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	T 11 PK 12: 56

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:			
SEQUOIA FINANCIAL SOLUTIONS IV LLC (Must contain the words "Limited Liability	Company, "I	"L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the print	ncipal offi	ce of the Limited I	Liability Company is:
Principal Office Address:	Mailing	Address:	
385 Oakview Drive Delray Beach, FL 33445	385 Oakv Delray Be	iew Drive each, FL 33445	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & red Agent, Yo	Registered Agent ou must designate an ind	t's Signature: ividual or another
The name and the Florida street address of the re	gistered a	gent are:	
Roger Hoss			
Name			
385 Oakview Drive	D N/O7	2	
Florida street address (P.O.	Box <u>NO I</u>	_acceptable)	
Delray Beach	FL	33445	
City		Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete particles accept the obligations of my position as regional accept.	this certific ty. I furthe erformanc	cate. I hereby accep or agree to comply v e of my duties, and	ot the appointment as with the provisions of all I am familiar with and
Registered Agent's Signa	ature (REC	QUIRED)	
(CONTINU	JED)		124 PH 12: 56

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

"AMBR" = Authorized Member	
"MGR" = Manager	B
MGR	Roger Hoss
	385 Oakview Drive
	Delray Beach, FL 33445
	
	<u> </u>
(Harris Larrie Towns 1)	
(Use attachment if necessary)	
CT L' M. Other pressicione if any	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
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REQUIRED SIGNATURE:	r an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant	er an authorized representative of a member ce with section 605.0203 (1) (b). Florida Statutes. I am aware th
Signature of a member of This document is executed in accordan any false information submitted in a document is a document in a	ce with section 605.0203 (1) (b), Florida Statutes. I am aware the
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant	ce with section 605.0203 (1) (b), Florida Statutes. I am aware the
Signature of a member of This document is executed in accordan any false information submitted in a doc as provided for in s.817.155, F.S.	or an authorized representative of a member ce with section 605.0203 (1) (b). Florida Statutes, I am aware the cument to the Department of State constitutes a third degree felo
Signature of a member of This document is executed in accordant any false information submitted in a document of the submitt	ce with section 605.0203 (1) (b), Florida Statutes. I am aware th

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