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(Red	questor's Name)	
(Add	dress)	<u> </u>
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(City	y/State/Zip/Phon	ie #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to I	Filing Officer:	3001
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Office Use Only



02/01/28--01002--011 ++180.00

2023 FEB -1 PM 5: 42

FILED

COVER LETTER

TO:	New Filing Section Division of Corporations		
SURI	ECT: GLOBAL TEAM ASSOCIATES,	LLC	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		sulting Florida Lin	nited Company)
			tion, and fees are submitted to convert an "Other ny" in accordance with s. 605.1045, F.S.
Please	return all correspondence concerning	g this matter to	
Aman	da Mason		f ,
	(Contact Person)		- :
Sandt	perg Phoenix		
	(Firm/Company)		- ;
600 W	ashington Ave - 15th FL		
	(Address)		
St. Lo	uis, MO 63101		
	(City, State and Zip Code)		
amaso	on@sandbergphoenix.com		i
E-n	nail Address: (to be used for future annual re	port notifications)	
For fu	rther information concerning this ma	itter, please call:	:
Aman	da Mason	_at (314	425-4926
	(Name of Contact Person)	(Area Code	e) (Daytime Telephone Number)
	sed is a check for the following amous and drawn on a bank located in the		processed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles inization) \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co	
	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

INHS11 (7/17)



Filing Cover Sheet

To : Florid	la Division	of Cor	porations
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From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 2/1/2023

Trans#: 1352442

Entity Name: GLOBAL TEAM ASSOCIATES, LLC /

Articles of Incorporation ()	Amendment ()
Articles of Dissolution ()	Annual Report ()
Conversion (XXX) /	Fictitious Name ()
Foreign Qualification ()	Limited Liability ()
Limited Partnership ()	Merger ()
Reinstatement ()	Withdrawal / Cancellation ()
Other ()	Partnership Registration ()

STATE FEES PREPAID WITH CHECK # 3187 FOR \$180.00

PLEASE RETURN:

Certified Copy (XXX) Plain Stamped Copy ()
Good Standing () Certificate of Fact ()

2023FEB -1 PM 5: 42 SECRETARY OF STATE

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: GLOBAL TEAM ASSOCIATES, LLC (Enter Name of Other Business Entity) limited liability company 2. The "Other Business Entity" is a ___ (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) 9/25/2003 on (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: GLOBAL TEAM ASSOCIATES, 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.

Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative	Signed this 18 day of Januam	20_2-3
Printed Name: Jane Margulies Signature(s) on behalf of Other Business Fatity: [See below for required signature(s)] Signature: Printed Name: Jane Margulies Signature: Printed Name: Title: Managing Member Signature: Printed Name: Title: Signature: Printed Name: Signature: Printed Name: Title: Signature: Printed Name: 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.	Signature of Authorized Representative of Limit	ted Liability Company:
Signature: Printed Name: Javie Wardelies Title: Managing Member Signature: Printed Name: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: 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 Partnersh Signatures of All General Partners. All others: Signature of an authorized person.	Signature of Authorized Representative: Printed Name: Jane Margulies	Title: Mahaging Member
Signature: Printed Name: 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.	Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Printed Name: 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.	Signature:	
Signature: Printed Name: Signature: Printed Name: Title: 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 Partners. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of All General Partners. All others: Signature of an authorized person.	Printed Name: Jane Margolles	Title: Managing Member
Signature: Printed Name: Signature: Printed Name: Title: 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 Partners. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of All General Partners. All others: Signature of an authorized person.	Signature:	<u> </u>
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Printed Name:	Printed Name:	
Printed Name:	Signature:	
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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.	Signature of Chairman, Vice Chairman, Director, or	Officer. corporator must sign.
Signatures of ALL General Partners. All others: Signature of an authorized person.	If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
Signature of an authorized person.	If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
Fees:		
· 	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)	Articles of Conversion: Fees for Florida Articles of Organization: Centified Copy:	\$125.00 \$30.00 (Optional)

ZOZ3FEB-1 PH 5:4
SECRETARY OF STATE
TALL ANN SEEF TAIL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		·
ARTICLE I - Name:		
The name of the Limited Liability Com	pany is:	
GLOBAL TEAM ASSOCIATES, LLC		
	ed Liability Company, "L.L.C.," or "LLC.")	
(Musi contain the words Lami	!	
ARTICLE II - Address:	1	
The mailing address and street address of	of the principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
7663 Winding Cypress Drive	4915 Rattlesnake Hammock	Road
Naptes, FL 34114	Suite 199	
	Naples, FL 34113	
The name and the Florida street address CAPITOL CORPORA 515 E PARK AVE 2N	Name	2023 FEB - SECRETAL TALLAH
	ess (P.O. Box NOT acceptable)	NAY -
TALLAHASSEE,	FL 32301	SEE SEE
City	Zip	5: 1
registered agent and agree to act in the statutes relating to the proper and co accept the obligations of my positi	gnated in this certificate, I hereby acc its capacity. I further agree to comply omplete performance of my duties, an on as registered agent as provided for	ept the appointment as with the provisions of all d I am familiar with and r in Chapter 605, F.S on behalf of

(CONTINUED)

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	•	
AMBR	Jane Margulies	
	7663 WINDING CYPRESS DRIVE	
	NAPLES, FL 34114	
		
		
		
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(Use attachment if necessary)	•	ASS T
		r C C C
	<u>:</u>	
CLE V: Other provisions, if any.		AS ≺
		
		ب رین
REQUIRED SIGNATURE:		. H.
KEQUINED SIGNATURE.		
		
Signature of a member or	an authorized representative of a men	nber
This document is everyted in accordance	with section 605 0203 (1) (b). Florida Statutes, I	am aware that
any false information submitted in a docu as provided for in s.817.155, F.S.	ment to the Department of State constitutes a thir	a defree terons
as provided for its significant		
Jane Margulies, Managing Member		
Ту	ped or printed name of signee	
	Filing Fees of Organization and Designation of Re	