# L23000452632

(Re	questor's Name)	
(Ada	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL.
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	











### Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 10/02/2023	•	<i>⇔WALK IN⇔</i>
ENTITY NAME Ashby N	Management Group LLC	<del>_</del>
DOCUMENT NUMBER_		
	**PLEASE FILE THE ATTACHED AND RETURN**	
	Plain Copy	
XXXXXXX	Certified Copy	
xxxxxxx	Certificate of Status	
**/ 	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments  Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINAT	TION	_
NUMBER OF CERTIFICA	TES REQUESTED	_
TOTAL OWED \$185	ACCOUNT #: I20160000072	
	E. R FM	
Please call Tina at th	he above number for any issues or concerns. Thank you so i	mach!

### **COVER LETTER**

TO:	New Filing S Division of C					
STIR	CT. Ashby M	anagement Group LLC				
SUD	EC1	(Name of Res	sulting Florida Lir	nited Cor	npany)	
The e Busin	nclosed Article less Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organiza ability Compa	ition, an ny" in a	ed fees are submitted to convert a coordance with s. 605.1045, F.S.	ın "Other
Pleas	e return all corr	espondence concernin	g this matter to	i.		
Georg	ia Dorsam					
		(Contact Person)				
InCon	Services, Inc.					
		(Firm/Company)				
3773 I	Howard Hughes Pl	cwy, Suite 500S				
		(Address)				
Las V	egas, NV 89169-6	014				
	(1	City, State and Zip Code)				
docum	nents@incorp.com					
E-r	nail Address: (to b	e used for future annual re	port notifications)	<u> </u>		
For fi	ırther informati	on concerning this ma	tter, please call	:		
Georg	ia Dorsam for InC	orp Services, Inc.	at ( <sup>702</sup>	866-2	2500 ext 6912	
	(Name of Conta	nct Person)	(Area Coo	le) (Day	2500 ext 6912 viime Telephone Number)	
		for the following amou a bank located in the		proces	sed by this office must be payab	le in US
(\$25 fc & \$12:	60.00 Filing Fees or Conversion 5 for Articles anization)	\$155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified C		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection Corporations 27		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassec, FL 32303	

## 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: Ashby Management Group 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.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
04/15/2021 on
On
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Ashby Management Group 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 20th day of September	20 23
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: Matthew Carriger	_ Title: Member
Signature(s) on behalf of Other Business Entity:	
Signature:	
Signature: Printed Name: Matthew Carriger	Title: Member
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
rinied Name.	
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
IS Decide Community	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Office-
If Directors or Officers have not been selected, an In-	
	-
<u>If Florida General Partnership or Limited Liabili</u> 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.	
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 ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LLC ntain the words "Limited Liab	ility Company, "	L.IC.," or "LLC.	")
ess:			
	principal of	fice of the Lim	nited Liability Company is:
ress:	Mailing	Address:	
	7901 4TI	H ST N	
	STE 300		
	St Petersi	ourg, FL 33702	
Na	me		
<u> </u>	.O. Box <u><b>NO</b></u>	<u>Γ</u> acceptable)	
···	_FL	32312	
City		Zip	
at the place designated agree to act in this cap the proper and complet	l in this certif acity. I furth te performant	icate, I hereby er agree to cor ce of my duties	accept the appointment as nply with the provisions of all , and I am familiar with and
	iny cannot serve as its own Reservices (Porida registration) ida street address of the Corp Services, Inc.  Na i8 Lakesbore Drive orida street address (Porida street address (Porida street address)  City  as registered agent and at the place designated agree to act in this cap the proper and complete	T901 4TE STE 300 St Peterst  Stered Agent, Registered Office, & any cannot serve as its own Registered Agent. Yes Florida registration.)  ida street address of the registered agent and street address (P.O. Box NOT)  lahassee  FI.  City  as registered agent and to accept see at the place designated in this certificagree to act in this capacity. I furth the proper and complete performance.	7901 4TH ST N  STE 300 St Petersburg, FL 33702  Stered Agent, Registered Office, & Registered Agent You must designate a Florida registration.)  ida street address of the registered agent are:  Corp Services, Inc.  Name  68 Lakesbore Drive  lorida street address (P.O. Box NOT acceptable)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Matthew Carriger
AMBR	
	7901 4TH ST N STE 300
	St Petersburg, FL 33702
AMBR	Theodore Arnoldis
	7901 4TH ST N STE 300
	St Petersburg, FL 33702
•	
<del></del>	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
DECLUDED CLONATURE.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	7/
1 //m	an authorized representative of a member
Signature of a member of This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am aware the
Signature of a member or This document is executed in accordance any false information submitted in a docu	e with section 605,0203 (1) (b), Florida Statutes, I am aware th
Signature of a member of This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware the innent to the Department of State constitutes a third degree felo

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)