

| (Re                                     | equestor's Name)   |           |  |  |
|-----------------------------------------|--------------------|-----------|--|--|
| (Ac                                     | ldress)            |           |  |  |
| (Ac                                     | ddress)            |           |  |  |
| (Ci                                     | ty/State/Zip/Phone | e #)      |  |  |
| PICK-UP                                 | WAIT               | MAIL      |  |  |
| (Bu                                     | isiness Entity Nan | ne)       |  |  |
| (Document Number)                       |                    |           |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |
|                                         |                    |           |  |  |
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## **COVER LETTER**

| TO: Registration Division of C                |                                                |                                                  |                                                                       |
|-----------------------------------------------|------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------|
| SUBJECT: CWA                                  | Asset Managem                                  |                                                  |                                                                       |
|                                               | Name of Florida                                | a Limited Liability Compan                       | y                                                                     |
|                                               |                                                | ee(s) are submitted to der Business Entity" in a |                                                                       |
| Please return all corr                        | respondence concernir                          | ng this matter to:                               |                                                                       |
| Noël P. Goudre                                | eau                                            |                                                  |                                                                       |
|                                               | Contact Person                                 |                                                  |                                                                       |
| Miller Canfield                               |                                                |                                                  |                                                                       |
| -                                             | Firm/Company                                   | <del>-</del> ·                                   |                                                                       |
| 225 W. Washir                                 | ngton, Suite 260                               | 0                                                |                                                                       |
|                                               | Address                                        |                                                  |                                                                       |
| Chicago, IL 60                                | 606                                            |                                                  |                                                                       |
|                                               | City, State and Zip Code                       |                                                  |                                                                       |
| goudreau@mil                                  | lercanfield.com                                |                                                  |                                                                       |
| E-mail address: (to                           | be used for future annual                      | report notification)                             |                                                                       |
| For further informati                         | ion concerning this ma                         | itter, please call:                              |                                                                       |
| Noël P. Goudre                                | eau                                            | <sub>at (</sub> 312 <sub>)</sub> 46              | 0-4214                                                                |
| Name of Contact P                             | erson                                          |                                                  | rtime Telephone Number                                                |
| Enclosed is a check                           | for the following amo                          | unt:                                             |                                                                       |
| ☐ \$25.00 Filing Fee                          | ☐ \$30.00 Filing Fee and Certificate of Status | \$55.00 Filing Fee and Certified Copy            | ☐ \$60.00 Filing Fee.<br>Certified Copy, and<br>Certificate of Status |
| STREET ADDRESS:                               |                                                | MAILING A                                        | ADDRESS:                                                              |
| Registration Section                          |                                                | Registration Section                             |                                                                       |
| Division of Corporations                      |                                                | Division of Corporations                         |                                                                       |
| Clifton Building 2661 Executive Center Circle |                                                | P. O. Box 6327<br>Tallahassee, FL 32314          |                                                                       |
| Tallahassee, FL 323                           |                                                | r arranassee,                                    | FL 32314                                                              |

CR2E106 (05/17)

## Articles of Conversion

For

## Florida Limited Liability Company Into

2019 GOT 18 PH 7: 45

"Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is: CWA Asset Management Group, LLC Enter Name of Florida Limited Liability Company 2. The name of the "Converted or Other Business Entity" is: CWA Asset Management Group, LLC Enter Name of "Converted or Other Business Entity" 3. The "Converted or Other Business Entity" is a limited liability company (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.) organized, formed or incorporated under the laws of Delaware (Enter state, or if a non-U.S. entity, the name of the country) The formation document is attached (if applicable). 4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S. October 18, 2019 5. This conversion shall be effective in Florida on: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")

**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.

- 6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":
  - a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

| Street Addre | ess: <u>9</u> 130                      | Galleria Ct, 3rd Flo                                                        | or           |  |
|--------------|----------------------------------------|-----------------------------------------------------------------------------|--------------|--|
|              | NAP                                    | LES, FL 34109                                                               |              |  |
| Mailing Add  | dress: 9130                            | 9130 Galleria Ct, 3rd Floor                                                 |              |  |
| C            |                                        | LES, FL 34109                                                               |              |  |
| appraisal    |                                        | usiness Entity" has agreed to pay<br>to which such members are entitl<br>S. |              |  |
| Signed this  | 14eh                                   | <sub>day of</sub> October                                                   | , 20_19      |  |
| Signature: _ | <u> </u>                               | Assigned by a Member or Authorized Re                                       | presentative |  |
| Printed Nam  | ne: Blaine M.                          | Ferguson <sub>Title:</sub> Manage                                           | <u>er</u>    |  |
|              | ng Fee: ified Copy: ificate of Status: | \$25.00<br>\$30.00 (Optional)<br>\$5.00 (Optional)                          |              |  |

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