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| (Re | equestor's Name) | | | | |
|---|-------------------|-------------|--|--|--|
| (Ac | ddress) | | | | |
| (Ac | ddress) | | | | |
| (Ci | ty/State/Zip/Phon | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| <u> </u> | ocument Number) | | | | |
| (Di | odanieni Admiber) | | | | |
| Certified Copies | Certificate: | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

| Date: May 09 | , 2017 | | Account# | : 12000 | 00000 | 88 |
|---------------------|------------------|-----------------------|---|--------------|---------|----|
| Name: Michelle | Walker | <u>:</u> | | | | |
| Reference #: | T009778 | | | | | |
| Entity Name: | BGSA C | APITAL, LLC | | | | |
| Articles of Incorpo | ration/Authori | ization to Transact | Business | | | |
| Amendment | | | | | | |
| Change of Agent | | | | | | |
| Reinstatement | | | .√ √ | | | |
| ✓ Conversion | | | | SEOF ALLA | 2017 | |
| ☐ Merger | | | | HASS | HAY - | |
| ☐ Dissolution/Withd | rawal | | | 1. J. | ف U | |
| ☐ Fictitous Name | | | | LORIE | ふ | D |
| ☐ Other | P | | | > | <u></u> | |
| Please includ | le a copy of cov | er letter with return | ed evidence. Thank | s! | | |
| Authorized Amount: | 4161 | 8 | Please note: If auth please call Michell | | | • |
| Signature: Mic | neller | Valver | | | | |

Articles of Conversion

For

Florida Limited Liability Company

Into

"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: |
|--|
| BGSA Capital, LLC |
| Enter Name of Florida Limited Liability Company |
| 2. The name of the "Converted or Other Business Entity" is: |
| BGSA Capital, 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) On April 28 , 2017 |
| (Date of organization, formation or incorporation) |
| and 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. |
| 5. This conversion shall be effective in Florida on: upon filing (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the |
| (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; <u>AND</u> 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. |

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| 6. If tran | the "Converted or Other Bu sact business in Florida, the | siness Entity" is an out-of-state en "Converted or Other Business En | tity not registered to tity": |
|------------|---|--|-------------------------------|
| | | et and mailing address of an office end and process served on the dep | |
| Street . | Address: | | |
| | | | · |
| Mailing | g Address: | | |
| | | | |
| app | | ess Entity" has agreed to pay any make the such members are entitled un | |
| Signed | this 28th day | of_April | , 20_17 |
| Signati | ure: | gned by a Member or Authorized Repres | |
| D 1 . 1 | Name: Benjamin Gordon | - , | eman ve |
| Printed | Name: | Title: | |
| Fees: | Filing Fee: | \$25,00 | |
| | Certified Copy: | \$30.00 (Optional) | |
| | Certificate of Status: | \$5.00 (Optional) | |

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SECRETARY OF STATE
ALLAHASSEF F STATE