13000154243

(Ře	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	,	

Office Use Only



000253225460

10/31/13--01023--016 **150.00

2013 OCT 31 PN 4: 21 Secretary of State Tall ablesses for domain

2661 Executive Center Circle

Tallahassee, FL 32301

• • • • • • • • • • • • • • • • • • •	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: The Sagacious Group	o, LLC
	f Resulting Florida Limited Company)
	Articles of Organization, and fees are submitted to convert an Limited Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concern	ing this matter to:
Roberto Neuberger	
(Contact Person)	
Active Filings LLC	
(Firm/Company)	
3109 Stirling Rd. Suite 202	
(Address)	
Fort Lauderdale, FL 33312	
(City, State and Zip Code)
operations@activefilings.com	
E-mail address: (to be used for future annual repo	ort notifications)
For further information concerning this n	natter, please call:
Roberto Neuberger	at (800) 609-2521
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amo	ount:
\$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 ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P. O. Box 6327
Clifton Building	r. O. dox 0327

Tallahassee, FL 32314

F.S.

Certificate of Conversion
For

"Other Business Entity"
Into

Florida Limited Liability Company

FILED.

2019 OCT 31 PM 4: 21

SECRETARY OF STATE
TALLARIASSEE, FLORIDA

This Certificate 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.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of
Conversion is: The Sagacious Group Inc. P12-8833 \(\frac{12}{8} \)
The englacions of contribution
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation
(Enter entity type. Example: corporation, limited partnership,
general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on 10/19/2012 .
(Enter date "Other Business Entity" was first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
N/A
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
The Sagacious Group LLC
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: (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 listed in the attached Articles of Organization, if an effective date is listed therein.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

(~)			
Signed this 22nd d	lay of October	20 <u>13</u> .	
Individual signing affirm constitutes a third degree	ms that the facts sta ee felony as provide		tion
C' CMt	A Al! J D	entative: Wilson Grune	
Signature of Member or Printed Name: Wilson Gro	Authorized Repres	Title: Managhing Member	
Timed Name: Wilder Civ	50110	Title: IMaliaging Member	
	Any false informat	<u>ntity:</u> Individual(s) signing affirm(s) that the fact ion constitutes a third degree felony as provided t ature(s).]	
Signatura Wilson Gre	ene		
Printed Name: Wilson Green	EE	Title: Director	
1110011 01001			
Signature:		Title:	
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:		T'A.	
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
G'			
Signature:		Title:	
Timeo itame			
If Florida Corporation: Signature of Chairman, V If Directors or Officers ha	ice Chairman, Direc	ctor, or Officer. d, an Incorporator must sign.	
If Florida General Part Signature of one General		Liability Partnership:	
If Florida Limited Parts Signatures of <u>ALL</u> General		Liability Limited Partnership:	
All others: Signature of an authorize	d person.		
Fees:			
Certificate of Conversio	n:	\$25.00	
Fees for Florida Articles	of Organization:	\$125.00	
Certified Copy:		\$30.00 (Optional)	
Certificate of Status:		\$5.00 (Optional)	

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICI	Æ.I	_ N	Vam	e

The name of the Limited Liability Company is:

The Sagacious Group LLC

(Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
6001 N. Falls Circle Drive, Bldg. 9	6001 N. Falls Circle Drive, Bldg. 9
Suite 301	Suite 301
Tamarac, FL 33319	Tamarac, FL 33319

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Wilson Greene Name

6001 N. Falls Circle Drive, Bldg. 9, Ste 301 Florida street address (P.O. Box NOT acceptable)

Tamarac

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

> Wilson Grune BDA60E0E0GDE4EE... Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

Page 1 of 2

"MGRM" = Managing Member MGRM	Title: "MGR" = Manager	Name and Address:	
MGRM Sherman Easter 9804 South 9th Ave Bellevuem, NE 68123 (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed lorida Department of State; AND 2) must be the same as the effective date listed in the attach ficate of Conversion, if an effective date listed therein.) UIRED SIGNATURE: (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation unthe penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a		ember	
MGRM Sherman Easter 9804 South 9th Ave Bellevuem, NE 68123 (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed lorida Department of State; AND 2) must be the same as the effective date listed in the attach ficate of Conversion, if an effective date listed therein.) UIRED SIGNATURE: (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation unthe penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a	MODM	1411	
MGRM Sherman Easter 9804 South 9th Ave Bellevuem, NE 68123 (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed lorida Department of State; AND 2) must be the same as the effective date listed in the attach ficate of Conversion, if an effective date listed therein.) UIRED SIGNATURE: (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation unthe penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a	MGRM		
Sherman Easter 9804 South 9th Ave Bellevuem, NE 68123 Sherman Easter 9804 South 9th Ave Bellevuem, NE 68123			
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed lorida Department of State; AND 2) must be the same as the effective date listed in the attach ficate of Conversion, if an effective date listed therein.) UIRED SIGNATURE: (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation unthe penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a		Tamarac, 1 E 33313	
(Use attachment if necessary) (Use attachment if necessary) (OPTIONAL) effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed lorida Department of State; AND 2) must be the same as the effective date listed in the attach ficate of Conversion, if an effective date listed therein.) UIRED SIGNATURE: Occussioned by: Common the prior to nor more than 90 days after the date this document is filed lorida Department of State; AND 2) must be the same as the effective date listed in the attach ficate of Conversion, if an effective date listed therein.) UIRED SIGNATURE: Occussioned by: Common the prior to nor more than 90 days after the date this document is filed lorida Department of State; AND 2) must be the same as the effective date listed in the attach ficate of Conversion, if an effective date listed therein.)	MGRM	Sherman Easter	
(Use attachment if necessary) (Use attachment if necessary) (OPTIONAL) effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed lorida Department of State; AND 2) must be the same as the effective date listed in the attach ficate of Conversion, if an effective date listed therein.) UIRED SIGNATURE: Signature of a member of an entire the date this document constitutes an affirmation unthe penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a		9804 South 9th Ave	
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed lorida Department of State; AND 2) must be the same as the effective date listed in the attach ficate of Conversion, if an effective date listed therein.) UIRED SIGNATURE: Signature of a member of affiliation fixed representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation unthe penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a		Bellevuem, NE 68123	
(Use attachment if necessary) (Use attachment if necessary) (OPTIONAL) effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed lorida Department of State; AND 2) must be the same as the effective date listed in the attach ficate of Conversion, if an effective date listed therein.) UIRED SIGNATURE: Signature of a member of an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation unthe penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a			
(Use attachment if necessary) (Use attachment if necessary) (OPTIONAL) effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed lorida Department of State; AND 2) must be the same as the effective date listed in the attach ficate of Conversion, if an effective date listed therein.) UIRED SIGNATURE: Signature of a member of att authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation unthe penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a		- Man	
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed lorida Department of State; AND 2) must be the same as the effective date listed in the attach ficate of Conversion, if an effective date listed therein.) UIRED SIGNATURE: Signature of a member of an attachment of this document constitutes an affirmation unthe penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a			
(Use attachment if necessary) (Use attachment if necessary) (OPTIONAL) effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed dorida Department of State; AND 2) must be the same as the effective date listed in the attach ficate of Conversion, if an effective date listed therein.) UIRED SIGNATURE: Signature of a member of an ember of an ember. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation unthe penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a			,
(Use attachment if necessary) (CLE V: Effective date, if other than the date of filing:			7
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed lorida Department of State; AND 2) must be the same as the effective date listed in the attach ficate of Conversion, if an effective date listed therein.) UIRED SIGNATURE: Signature of a member of an effective date listed representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation untre penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a		<u> </u>	
(Use attachment if necessary) (CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed lorida Department of State; AND 2) must be the same as the effective date listed in the attach ficate of Conversion, if an effective date listed therein.) UIRED SIGNATURE: Signature of a member of an authorized representative of a member. (In accordance with section 608,408(3), Florida Statutes, the execution of this document constitutes an affirmation unthe penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a			ŢŢ
CLE V: Effective date, if other than the date of filing:	Also attachment if necess	المعادلة الم	بثإ
CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed lorida Department of State; AND 2) must be the same as the effective date listed in the attach ficate of Conversion, if an effective date listed therein.) UIRED SIGNATURE: Signature of a member of an effective date listed representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation until the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a	(Ose attachment if necess	"y) - ラン	
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation unter penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a		Primati	
Clorida Department of State; AND 2) must be the same as the effective date listed in the attach ficate of Conversion, if an effective date listed therein.) UIRED SIGNATURE: Docusigned by: Wilson Grund Signature of a member of an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation unter the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a	ICLE V: Effective date, if		
Signature of a member of an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation unterpenalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a		(OPTIONAL)	ilad
Signature of a member of an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a	effective date: 1) cannot l lorida Department of Sta ificate of Conversion, if an	(OPTIONAL) e prior to nor more than 90 days after the date this document is fite; AND 2) must be the same as the effective date listed in the at	
Signature of a member of an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a	effective date: 1) cannot l Florida Department of Sta	(OPTIONAL) e prior to nor more than 90 days after the date this document is fite; AND 2) must be the same as the effective date listed in the at	
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a	effective date: 1) cannot l lorida Department of Sta ficate of Conversion, if an	(OPTIONAL) e prior to nor more than 90 days after the date this document is fite; AND 2) must be the same as the effective date listed in the at effective date listed therein.) Docusigned by:	
the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a	effective date: 1) cannot land to the land of State of Conversion, if an <u>UIRED</u> SIGNATURE:	(OPTIONAL) e prior to nor more than 90 days after the date this document is five; AND 2) must be the same as the effective date listed in the at effective date listed therein.) Docusigned by: Wilson Grune	
	effective date: 1) cannot land to the land of State of Conversion, if an <u>UIRED</u> SIGNATURE:	(OPTIONAL) e prior to nor more than 90 days after the date this document is five; AND 2) must be the same as the effective date listed in the at effective date listed therein.) Docusigned by: Wilson Grune	
	effective date: 1) cannot he florida Department of Statisticate of Conversion, if an OUIRED SIGNATURE: Signature of a mem (In accordance with section 60) the penalties of perjury that the	(OPTIONAL) e prior to nor more than 90 days after the date this document is five; AND 2) must be the same as the effective date listed in the at effective date listed therein.) Oocusigned by: Wilson Grund Der of an authorized representative of a member. 408(3), Florida Statutes, the execution of this document constitutes an affirmatic facts stated herein are true. I am aware that any false information submitted in a State constitutes a third degree felony as provided for in s.817.155, F.S.)	tach