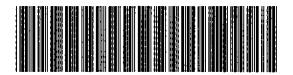
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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | ÷#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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William Sir Chan

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CXAMINER

COVER LETTER

F.S.

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

| TO: Registration Section Division of Corporations | | |
|--|----------------|-------------|
| SUBJECT: Career Brennan Portfolio Services LLC (Name of Resulting Florida Limited Company) | | |
| The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted "Other Business Entity" into a "Florida Limited Liability Company" in accordance with | | |
| Please return all correspondence concerning this matter to: | | |
| Joseph Sams | | |
| Carter Brennan Portfolio Services LLC | | |
| Joseph Sams (Contact Person) Carter Brennan Portfelio Services LLC (Firm/Company) 2802 Pass-a-Grille Way (Address) | | |
| St. Petersburg, FL 33706 (City, State and Zip Code) | | |
| (City, State and Zip Code) | | |
| E-mil address: (to be used for future annual report notifications) | 1 | 1 2 |
| E-mail address: (to be used for future annual report notifications) | | C * |
| For further information concerning this matter, please call: | | Zen Und T |
| Toruh Sams at (727) 360 · 230 4 (Name of Contact Person) (Area Code and Daytime Telephone Number | US 12 12 | S |
| (Name of Contact Person) (Area Code and Daytime Telephone Number | ·) - | |
| Enclosed is a check for the following amount: | , | <u>ئ</u> ين |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certificate of Status \$185.00 Filing Fees and Certified Copy and Certificate of Status | | |
| STREET ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations | | |

P. O. Box 6327

Tallahassee, FL 32314

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

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 Certif | ficate o | f |
|---|----------|-----------------|
| Conversion is: Carter Brennan Portfolio Services LLC (Enter Name of Other Business Entity) | , | |
| (Enter Name of Other Business Entity) | | |
| 2. The "Other Business Entity" is a Limited Libility Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) | | AG CT |
| (Enter entity type. Example: corporation, limited partnership, | 3 - | CT: |
| | | c. |
| first organized, formed or incorporated under the laws of Massachuse Hs (Enter state, or if a non-U.S. entity, the name of the country) | | ds |
| (Enter state, or if a non-U.S. entity, the name of the country) | | T. |
| on 5 pt . 24, 2012 (Enter date "Other Business Entity" was first organized, formed or incorp | | ယ္ဆ |
| (Enter date "Other Business Entity" was first organized, formed or incorp | porate | a) [©] |
| 4. The name of the Floride Limited Lightlity Company as set forth in the attached Arti | iclas of | |
| 4. The name of the Florida Limited Liability Company as set forth in the attached Arti Organization: | icies di | |
| Carter Brennan Portfolio Services UC. (Enter Name of Florida Limited Liability Company) | <u>.</u> | |
| (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 | | |
| filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective attached Articles of Organization, if an effective date is listed therein.) | date n | stea in the |
| 6. The conversion is permitted by the applicable law(s) governing the other business ent conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecti | | |

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 5 day of December | oec 20 13 | | |
|---|---|-------------|----------|
| Signature of Member or Authorized Repr Individual signing affirms that the facts star constitutes a third degree felony as provided | ted in this document are true. Any false in d for in s.817.155, F.S. | format | ion |
| Signature of Member or Authorized Represe Printed Name: South Sauth | entative: Title: Manager | | |
| Signature(s) on behalf of Other Business Er this document are true. Any false informati s.817.155, F.S. [See below for required signs | ion constitutes a third degree felony as pro | | |
| Signature: Joseph Sams | | | |
| Printed Name: 30344 Sams | Title: Manager | | |
| Signature: Printed Name: | | | |
| Printed Name: | Title: | | |
| Signature:Printed Name: | | | |
| Printed Name: | Title: | | |
| Signature:Printed Name: | | | |
| Printed Name: | Title: | | |
| Signature: | | | |
| Signature: Printed Name: | Title: | | |
| Signature: | | | |
| Signature:Printed Name: | Title: | | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Directly Directors or Officers have not been selected | | | 100 m |
| If Florida General Partnership or Limited I Signature of one General Partner. | Liability Partnership: | | <u> </u> |
| If Florida Limited Partnership or Limited I Signatures of ALL General Partners. | Liability Limited Partnership: | 3' 2' | ΞΞ Ç |
| All others: Signature of an authorized person. | seft su | | 5 |
| <u>Fees:</u> | • | | |
| Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) Page 2 of 2 | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| Carter Brennan Port | folio Services UC |
|---|---|
| (Must end with the words "Limited Liability Company, the | ne abbreviation "L.L.C.," or the designation "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the | he principal office of the Limited Liability Company |
| Principal Office Address: | Mailing Address: |
| 2802 Pass-A-Gille Way St. Peterstown, Fl 33706 | 2802 Pass-A-Gille Way SI, Releasing, FL 33706 |
| | tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another |
| The name and the Florida street address of | the registered agent are: |
| Josep | h Saus |

is:

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..

2802 Pass-a-6-ille Way
Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

| Title: "MGR" = Manager | Name and Address: | |
|----------------------------|---|-----------------|
| "MGRM" = Managing M | lember | |
| MGRM | Joseph Sams 2802 Pass-a-Grille Wax St. Petersburg, FL 337 | eo6 |
| | | |
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| | | مىسى دورىس |
| (Use attachment if necess | ary) | |
| ICLE V. Effective date i | f other than the date of filing: | |
| ICLE V. Ellective date, i | (OPTIONAL) | |
| | be prior to nor more than 90 days after the date this docum | |
| | ate; <u>AND</u> 2) must be the same as the effective date listed in n effective date listed therein.) | the att |
| incate of Conversion, if a | renective date usted dierem. | |
| UIRED SIGNATURE: | | |
| | -n. l. <a< td=""><td></td></a<> | |
| | ber or an authorized representative of a member. | |

Page 2 of 2

Toseph Sams
Typed or printed name of signee