114000189087

(Requestor's Name)
(Address)
(Address)
/ (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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12/01/14--01025--015 **150.00

EFFECTIVE DATE

14 DEC - 1 PM 2: 4

DEC 1 1 2014

T. BROWN

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Nicolina A- Stewart (Contact Person)
1 CMA Advisor, LLC (Firm/Company)
5910 Post Blvd #110571
Braden for F2 3421
(City, State and Zip Code) NStewarta cmasolations. in et E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) at (44) 320-13 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certified Copy Status \$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status

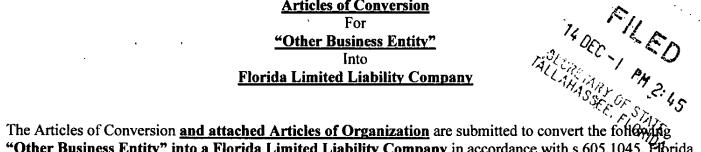
STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Articles of Conversion



"Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Plorida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles	s of Conversion is:
CMA Solutions, LLC	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	EFFECTIVE DATE
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of	
on (Enter state, or if a non-U.S. entity, the non-U.S. entity is a second content of the non-U.S. entity is a second cont	ame of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articl	es of Organization:
CMA Advisors, LLC.	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: \(\frac{1}{20}\) (The effective date: 1) cannot be prior to date of receipt or filed date 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 sdate listed in the attached Articles of Organization, if an effective date is listed thereigh	

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5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 29th day of Nov 20	*4-
Signature of Authorized Representative of Limited L	iability Company:
Signature of Authorized Representative: Printed Name: Michigan A. Stewart Title	e: Manajing Member
Signature(s) on behalf of Other Business Entity: [See b	elow for required signature(s).]
Signature: Printed Name: Ni Colin 9 A Stewartit	e: Managing Mbr
Signature: Titl	ρ.
Signature: Titl	e:
/ }	
Signature: Titl	e:
Signature: Titl	e:
Signature:	
Printed Name: Titl	e:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Office If Directors or Officers have not been selected, an Incorpor	
If Florida General Partnership or Limited Liability Par Signature of one General Partner.	rtnership:
If Florida Limited Partnership or Limited Liability Lin Signatures of <u>ALL</u> General Partners.	nited Partnership:
All others: Signature of an authorized person.	
Fees:	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: 5910 Post Blid #110571 Same Braden ton FC 34211
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:
Nicolina A. Stewart
5910 Post Blvd. # 110571
Florida street address (P.O. Box <u>NOT</u> acceptable)
Gradenton FL 342/1 City Zip
City Zip
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 605, F.S
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Nicolna A Stewart 5910 Post Blod # 110571 Bradenton 12 34211
AMBR	Kenneth 6 Stewart TA 5910 Post Blid # 110571 Bradentry F1 30711
(Use attachment if necessary) CLE V: Effective date, if other than t	he date of filing:(OPTIONAL
CLE V: Effective date, if other than t	he date of filing: (OPTIONAL st be specific and cannot be more than five business da
CLE V: Effective date, if other than teffective date is listed, the date must days after the date of filing.)	. (0: 1:0: 1:1
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.)	. (0: 1:0: 1:1
CLE V: Effective date, if other than to effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membra accordance with section 605.0203 institutes an affirmation under the period of the section of the se	Der or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document malties of perjury that the facts stated herein are true. Submitted in a document to the Department of State

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

ARTICLE IV-

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)
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