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(Re	equestor's Name)	
·		
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	¥)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name	9)
(Do	ocument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to	Filing Officer:	,
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Office Use Only

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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 3, 2014

MARK STERN 30 SOUTHPORT PL SOUTHPORT, CT 06890

SUBJECT: CORPORATE ADVISORS, LLC

Ref. Number: W14000072057

We have received your document for CORPORATE ADVISORS, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 814A00025435

2014 DEC 39 PM 1:08

COVER LETTER

TO: Registration S Division of Co					
SUBJECT: Corpora	ite Advisors, LLC				
SUBJECT:	(Name	of Resulting Florida	Limited Company)		
The enclosed Articles Business Entity" into	of Conversion, Artic a "Florida Limited Li	les of Organizati ability Company	on, and fees are subn " in accordance with	nitted to convert a	n "Other
Please return all corre	spondence concerning	g this matter to:			
Mark Stern					
Corporate Advisors	(Contact Person) , LLC				
30 Southport Place	(Firm/Company)				
	(Address)				
Southport, CT 0689	90				
mstern@corporate	ity, State and Zip Code) advisors.net		•		
E-mail Address: (to be	used for future annual re	port notifications)	•		
For further information	on concerning this ma	tter, please call:			
Mark Stern		917 at (572-7895		
(Name of Contac	et Person)		(Daytime Telephone !	Number)	
Enclosed is a check for	or the following amou	int:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180,00 Filing and Certified Cop		, and	22 23
STREET ADDRESS Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3236	ons er Circle	Registr Divisio P. O. B	ING ADDRESS: ation Section in of Corporations ox 6327 issee, FL 32314	· ·	DEC 30 PH 1: 08

INHS11 (02/14)

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

Corporate Advisors of Florida LLC (Enter Name of Fl 4. If not effective on the date of filing,	lorida Limited Liability Company) enter the effective date: 01/01/15
	ability. Company as set forth in the attached Articles of Organization:
on July 15, 2011 (date of organization, formation or incorpo	 oration)
First organized, formed or incorporated	under the laws of Connecticut (Enter state, or if a non-U.S. entity, the name of the country)
(Ent	general partnership, common law or business trust, etc.)
2. The "Other Business Entity" is a $\frac{\text{Lir}}{\text{Constant}}$	mited LiabilityCompany
	ame of Other Business Entity)

Signed this 15th day of November	20_14		
Signature of Authorized Representative of Limi			
Signature of Authorized Representative: Mr. Printed Name: Marie Stern	Title: Painsipal		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).		
Signature:			
Printed Name: ROBERT T. SCHNUER	,		
Signature:Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:Printed Name:	Title		
Signature:Printed Name:	Title:		
Signature:Printed Name:	7'4		
	_ litte:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer. corporator must sign.		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:		
All others: Signature of an authorized person.			
Fees:		Top of the second secon	20
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	سيمر والش	IH DEC 30 PM
ī	Page 2 of 2	STATE OF	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Corporate Adv	isors of Florida LLC		
<u> </u>	Must end with the words "Limited L	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addr		e principal office of the Limited Liability Comp	pany is:
Principal Office	Address:	Mailing Address:	
00.47 November	n Lake Drive	3847 Newhaven Lake Drive	
ARTICLE III - (The Limited Liability	33449 Registered Agent, Registe	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another	
ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Registe Company cannot serve as its own F	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another	
ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Registe Company cannot serve as its own Fin active Florida registration.) e Florida street address of tomak Stern	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another	:
ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Registe Company cannot serve as its own Fin active Florida registration.) e Florida street address of tomak Stern	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:	:
ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Registered Agent, Registered Agent, Register Company cannot serve as its own Fin active Florida registration.) e Florida street address of to Mark Stern N 3847 Newhaven Lake	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:	:
ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Registered Agent, Registered Agent, Register Company cannot serve as its own Fin active Florida registration.) e Florida street address of to Mark Stern N 3847 Newhaven Lake	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are: ame Drive	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title;	Name and Address:	
"AMBR" = Authorized Member	A STATE SALE AND A STATE OF THE	
"MGR" = Manager	Robert I Schnuer, AMBR	
	2401 North Ocean Blvd	
	Boca Raton,FL 33431	
411		
n effective date is listed, the date must	ne date of filing: 01/01/15 (OPTIONAL) t be specific and cannot be more than five business days p	rior
FICLE V: Effective date, if other than the n effective date is listed, the date must 90 days after the date of filing.)	ne date of filing: 01/01/15 (OPTIONAL) t be specific and cannot be more than five business days p	orior
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PICLE V: Effective date, if other than the n effective date is listed, the date must 90 days after the date of filing.) FICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203) (constitutes an affirmation under the per	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true, submitted in a document to the Department of State	prior
REQUIRED SIGNATURE: Signature of a member of a may a may a firmation under the per lam aware that any false information s provided the per lam aware that any false information s provided to the per lam aware that any false information s provided the per lam aware that any false information s provided the per lam aware that any false information s provided the per lam aware that any false information s provided the per lam aware that any false information s provided the per lam aware that any false information s provided the per lam aware false information as per lam aware false information as provided the per lam aware false information as per lam aware false information as per lam aware false information and the per lam aware fals	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true submitted in a document to the Department of State vided for in s.817.155, F.S.)	
REOUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203) (constitutes an affirmation under the per I am aware that any false information section 605.0203) (Mark Stern	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. Submitted in a document to the Department of State vided for in s.817.155, F.S.)	787
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REQUIRED SIGNATURE: Signature of a member of a may a	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. Submitted in a document to the Department of State vided for in s.817.155, F.S.) Typed or printed name of signee of Organization and Designation	

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