L15000056675

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |





100269322501

02/20/15--01018--001 **180.00

SECRETARY OF STATE

25-74489

NAR 3 1 2015

T. HAMPTON

COVER LETTER

| Division of C | orporations | | | |
|--|---|--------------------------------------|----------|--|
| SUBJECT: U&A G | roup, LLC. | | | • |
| SUBSECT: | (Name | of Resulting Florida | Limite | d Company) |
| The enclosed Articles Business Entity" into | s of Conversion, Artic a "Florida Limited Li | les of Organizat iability Company | ion, an | d fees are submitted to convert an "Other coordance with s. 605.1045, F.S. |
| Please return all corre | espondence concernin | g this matter to: | | |
| Christina Unkel | ٠٠٠ | | | |
| | (Contact Person) | | _ | |
| المادر موسود موسود | | | | |
| | (Firm/Company) | | | · |
| 7228 Monarda Driv | /e | | | |
| | (Address) | | - | |
| Sarasota, Florida 3 | 34238 | | | |
| | City, State and Zip Code) | · | - | |
| christina.unkel@gr | nail.com | | | |
| E-mail Address: (to b | e used for future annual re | port notifications) | - | |
| For further informati | on concerning this ma | tter, please call: | | |
| Christina Unkel | | _at (<u>941</u> | 323- | -3693 |
| (Name of Conta | ct Person) | (Area Code |) (Day | rtime Telephone Number) |
| Enclosed is a check f | 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 Co | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| STREET ADDRESS | S: | MAIL | ING A | ADDRESS: |
| Registration Section | | | | Section |
| Division of Corporat | ons | | | corporations |
| Clifton Building | | P. O. E | | |
| 2661 Executive Cent | | Tallaha | issee, I | FL 32314 |
| Tallahassee, FL 3230 |). I | | | |

TO: Registration Section

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Ref. Number: W15000014499 / U&A Group, LLC / Letter Number: 815A00004165

Dear Recipient:

I have received the attached letter dated February 27, 2015, concerning the need to file the annual report for U&A Group P.A. as a necessary condition prior to conversion of the corporation into an LLC. As requested, included is a copy of the letter within 60 days and the annual report has been filed as of March 8, 2015.

Please advise as to any further steps necessary to complete the conversion to U&A Group, LLC.

Thank you for your consideration.

Sincerely,

Christina E. Unkel

cunkel@mctlawyers.com



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 27, 2015

CHRISTINA UNKEL 7228 MONARDA DR SARASOTA, FL 34238

SUBJECT: U&A GROUP, LLC Ref. Number: W15000014499



We have received your document for U&A GROUP, LLC and your check(s) totaling \$180.00. However, the document has not been filed and is being retained in this office for the following:

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return 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.

Tammy Hampton Regulatory Specialist III

Letter Number: 815A00004165

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles 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.605.1045, Florida Statutes.

| 1. The name of the "Other Business U&A Group, PA | s Entity" immediately prior to the filing of the Articles of Conversion | on is: |
|---|---|---------|
| (Ente | er Name of Other Business Entity) | |
| 2. The "Other Business Entity" is a | Professional Association - Corporation. (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) | |
| First organized, formed or incorpora | ited under the laws of Florida | |
| 11/3/2014 | (Enter state, or if a non-U.S. entity, the name of the coun | try) |
| (date of organization, formation or inco | orporation) | |
| 3. The name of the Florida Limited U&A Group, LLC. | Liability Company as set forth in the attached Articles of Organia | zation: |
| (Enter Name o | of Florida Limited Liability Company) | |
| (The effective date: 1) cannot be p date this document is filed by the l | ng, enter the effective date: prior to date of receipt or filed date nor more than 90 days after Florida Department of State; <u>AND</u> 2) must be the same as the east of Organization, if an effective date is listed therein.) | |
| 5. The plan of conversion has been a | approved in accordance with all applicable statutes. | |
| | | |



| Signed this 17 day of February | 20 <u>15</u> | | |
|---|--|-------------------|------------|
| Signature of Authorized Representative of Limi | ited Liability Company: | | |
| | Title: Manager | . | |
| Signature(s) on behalf of Other Business Entity: | | | |
| Signature: Printed Name: Christina E. Unkel | Title: Director | - - | |
| Signature: | | _ | |
| Signature:Printed Name: | Title: | - | |
| Signature: | | _ | |
| Signature:Printed Name: | Title: | _ | |
| Signature: | | _ | |
| Printed Name: | Title: | - - | |
| Signature: | | | |
| Printed Name: | Title: | - | |
| Signature: | | | |
| Printed Name: | Title: | - - | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc. | | | |
| If Florida General Partnership or Limited Liability Signature of one General Partner. | ty Partnership: | | |
| If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. | ty Limited Partnership: | | |
| All others: Signature of an authorized person. | | | |
| Fees: | | 14T | C |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | CRETARY OF S | TEN CI III |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | • |
|--|--|
| ARTICLE I - Name: The name of the Limited Liability Company is: | |
| | |
| U&A Group, LLC. | |
| (Must end with the words "Limited Liabili | ty Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of the pr | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 7228 Monarda Drive | 7228 Monarda Drive |
| Sarasota, Florida 34238 | Sarasota, Florida 34238 |
| | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | |
| The name and the Florida street address of the re | egistered agent are: |
| Christina E. Unkel | |
| Name | |
| 1605 Main Street, Suite 7 | 10 |
| Florida street address (P.O. | |
| Sarasota | FL 34236 |
| City | Zip |
| · | • |
| liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p | accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of alterformance of my duties, and I am familiar with and tistered agent as provided for in Chapter 605, F.S |
| Ch S. | llu |
| Registered Agent's Sign | ature (REQUIRED) ALCR AR TALL AR TAL |
| (CONTIN | - Tan |
| Page 1 of | PR 4: 3 |

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: | |
|--|---|------|
| "MGR" = Manager | 01.16 | |
| AMBR | Christina E. Unkel 7228 Monarda Drive | |
| | Sarasota, Florida 34238 | |
| | odrabota, i ionaa o izoo | |
| AMBR | Theodore L. Unkel | |
| | 7228 Monarda Drive | |
| | Sarasota, Florida 34238 | |
| • | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| effective date is listed, the date mu | the date of filing: (OPTION ust be specific and cannot be more than five business | |
| ICLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.) | | |
| TICLE V: Effective date, if other than a effective date is listed, the date may 90 days after the date of filing.) TICLE VI: Other provisions, if any. | | |
| ICLE V: Effective date, if other than effective date is listed, the date me 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.020) | nber or an authorized representative of a member. (3 (1) (b), Florida Statutes, the execution of this docume | |
| ICLE V: Effective date, if other than a effective date is listed, the date may 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.020 constitutes an affirmation under the plan aware that any false information | nber or an authorized representative of a member. (3 (1) (b), Florida Statutes, the execution of this docume denalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State arounded for in \$ 817 155 F.S.) | days |
| ICLE V: Effective date, if other than a effective date is listed, the date may 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.020 constitutes an affirmation under the plan aware that any false information constitutes a third degree felony as provided the plan aware that any false information constitutes a third degree felony as provided the plan aware that any false information constitutes a third degree felony as provided the plan aware that any false information constitutes a third degree felony as provided the provided that the plan aware that any false information constitutes a third degree felony as provided the provided that the provided the plan aware that any false information constitutes a third degree felony as provided the provided that the plan aware that any false information constitutes a third degree felony as provided the provided that the plan aware that any false information constitutes a third degree felony as provided the provided that the provided that the plan aware that any false information constitutes a third degree felony as provided the provided that the provi | nber or an authorized representative of a member. (3 (1) (b), Florida Statutes, the execution of this docume penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State provided for in s.817.155, F.S.) | days |
| ICLE V: Effective date, if other than a effective date is listed, the date may 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.020 constitutes an affirmation under the plan aware that any false information constitutes a third degree felony as processing the section of the plan aware that any false information constitutes a third degree felony as processing the section of the plan aware that any false information constitutes a third degree felony as processing the section of the plan aware that any false information constitutes a third degree felony as processing the plan aware that any false information constitutes a third degree felony as processing the plan aware that any false information constitutes a third degree felony as processing the plan aware that any false information constitutes a third degree felony as processing the plan aware that any false information constitutes a third degree felony as processing the plan aware that any false information constitutes a third degree felony as processing the plan aware that any false information constitutes a third degree felony as processing the plan aware that any false information constitutes a third degree felony as processing the plan aware that any false information constitutes are plantaged to the plan aware that any false information constitutes are plantaged to the plantaged | nber or an authorized representative of a member. (3 (1) (b), Florida Statutes, the execution of this docume penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State provided for in s.817.155, F.S.) | days |
| ICLE V: Effective date, if other than a effective date is listed, the date may 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.020 constitutes an affirmation under the plan aware that any false information constitutes a third degree felony as processing the constitutes at the c | nber or an authorized representative of a member. (3 (1) (b), Florida Statutes, the execution of this docume benalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State rovided for in s.817.155, F.S.) | nt |
| PICLE V: Effective date, if other than a effective date is listed, the date may 90 days after the date of filing.) PICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.020 constitutes an affirmation under the plan aware that any false information constitutes a third degree felony as proceeding the plan aware that the degree felony as proceeding the plan aware that the degree felony as proceeding the plan aware that the degree felony as proceeding the plan aware that the degree felony as proceeding the plan aware that the degree felony as proceeding the plan aware that the degree felony as proceeding the plan aware that the degree felony as proceeding the plan aware that the degree felony as proceeding the plan aware that the degree felony as proceeding the plan aware that the degree felony as proceeding the plan aware that the plan aware the plan aware that the plan aware the plan aware the | nber or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this docume benalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State provided for in s.817.155, F.S.) | nt |
| PICLE V: Effective date, if other than a effective date is listed, the date may 90 days after the date of filing.) PICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.020 constitutes an affirmation under the plan aware that any false information constitutes a third degree felony as properties. Christina E. Unker Signature of a mem Christina E. U | nber or an authorized representative of a member. (3 (1) (b), Florida Statutes, the execution of this docume denalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State provided for in s.817.155, F.S.) (3 (1) (b), Florida Statutes, the execution of this document of submitted in a document to the Department of State provided for in s.817.155, F.S.) | nt |
| PICLE V: Effective date, if other than n effective date is listed, the date me 90 days after the date of filing.) FICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.020 constitutes an affirmation under the p I am aware that any false information constitutes a third degree felony as proceeding the provisions. Christina E. Unkern provisions, if other than the provisions of the provisions of the provisions of the provisions. | nber or an authorized representative of a member. (3 (1) (b), Florida Statutes, the execution of this docume benalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State rovided for in s.817.155, F.S.) Typed or printed name of signee Typed or printed name of signee | nt |

Page 2 of 2