L15000080152

| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | :y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | cument Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| SUBJECT: CRITIC. | AL THINKING PARTNEI | RS LLC | | |
|------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------|----------------------------------|
| | (Name | of Resulting Florida Lim | ited Company) | - |
| | | | and fees are submitted to accordance with s. 605.1 | |
| Please return all corr | espondence concernin | g this matter to: | | |
| TERRY A. CALVERT- | MAROVICH | | | |
| | (Contact Person) | | | |
| | (Firm/Company) | | | |
| 1602 GOVERNORS DE | (Address) | | | |
| PENSACOLA, FLORI | , , | | | |
| ((| City, State and Zip Code) | . | | |
| MAROVICH@WIREF | • | | | |
| E-mail Address: (to b | e used for future annual re | port notifications) | | |
| For further information | on concerning this ma | tter, please call: | | |
| TERRY A. CALVERT- | MAROVICH | _at (304)48 | 1 4787 | |
| (Name of Conta | ct Person) | (Area Code) (D | aytime Telephone Number) | ~ |
| Enclosed is a check f | or the following amou | nt: | | |
| \$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 | |
| organization) | | | | 15 APR 30 PM I SECRETARY OF S |
| STREET ADDRES | S: | | ADDRESS: | TASK AP |
| Registration Section | | Registration | | 一芸の |
| | | | Corporations | |
| Č | | P. O. Box 6 | | |
| 2661 Executive Cent Tallahassee, FL, 3230 | | Tallahassee | , FL 32314 | FST |

TO: Registration Section Division of Corporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - N | Name: | | |
|---------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| The name of the | Limited Liability Compan | y is: | |
| | | | |
| | KING PARTNERS LLC | | |
| | (Must end with the words "Limited I | Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - | Address: | | |
| | | ne principal office of the Limited | Liability Company is: |
| Principal Office | e Address: | Mailing Address: | |
| 1602 GOVERNOR | RS DRIVE #1911 | 1602 GOVERNORS DRIVE #1 | 1911 |
| PENSACOLA, FL | | PENSACOLA, FL 32514 | |
| | | | |
| ADTICLETIE | Th 1.4 Th 1.4 | 1000 0 0 1 | |
| (The Limited Liability | | ered Office, & Registered Agen Registered Agent. You must designate an inc | |
| | | | |
| The name and th | ne Florida street address of | the registered agent are: | |
| | JOSEPH MICHAEL MARC | OVICH | |
| | N | lame | |
| | 1602 GOVERNORS DRIV | E#1911 | |
| | Florida street address (| (P.O. Box NOT acceptable) | |
| | PENSACOLA | FI 32514 | |
| | City | FL 32514 Zip | |
| | City | 2. p | |
| liability con registered age statutes relat | mpany at the place designate nt and agree to act in this co ting to the proper and compl | nd to accept service of process for ed in this certificate, I hereby acce apacity. I further agree to comply lete performance of my duties, and s registered agent as provided for | pt the appointment as with the provisions of all I I am familiar with and |
| | Registered Agent's | Ll Marouil Signature (REQUIRED) | RECE 15 APR 30 SECRETARY |

Page 1 of 2

(CONTINUED)

| <u>Title:</u> | Name and Address: | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------|
| "AMBR" = Authorized Member | | | |
| "MGR" = Manager | | | |
| AMBR | TERRY A. CALVERT-MAROVICH | | |
| | 1602 GOVERNORS DRIVE #1911 | | |
| | PENSACOLA, FL 32514 | | |
| AMBR | JOSEPH MICHAEL MAROVICH | | |
| | 1602 GOVERNORS DRIVE #1911 | _ | |
| | PENSACOLA, FL 32514 | | |
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| f an effective date is listed, the date mus | he date of filing: (OPT) st be specific and cannot be more than five busing | IONAL) ness day | s pri |
| f an effective date is listed, the date must or 90 days after the date of filing.) ote: If the date inserted in this block does not mee cument's effective date on the Department of State | st be specific and cannot be more than five busing the applicable statutory filing requirements, this date will. | ness day | vs pri ed as t |
| f an effective date is listed, the date must or 90 days after the date of filing.) te: If the date inserted in this block does not mee cument's effective date on the Department of State | st be specific and cannot be more than five busing the applicable statutory filing requirements, this date will. | ness day | s pri |
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| ran effective date is listed, the date must or 90 days after the date of filing.) te: If the date inserted in this block does not mee cument's effective date on the Department of State RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.020 constitutes an affirmation under the per | et the applicable statutory filing requirements, this date will re's records. Colored or an authorized representative of a member 15 (3), Florida Statutes, the execution of this documnalties of perjury that the facts stated herein are trisubmitted in a document to the Department of States. | ness day | ed as |
| ran effective date is listed, the date must or 90 days after the date of filing.) Me: If the date inserted in this block does not mee cument's effective date on the Department of State RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.020 constitutes an affirmation under the per I am aware that any false information seconstitutes a third degree felony as pro- | et the applicable statutory filing requirements, this date will be se's records. Colored - Marsh Property Per or an authorized representative of a member 15 (3), Florida Statutes, the execution of this document its of perjury that the facts stated herein are translative of a document to the Department of Stativided for in s.817.155, F.S.) | ness day | ed as |
| ran effective date is listed, the date must or 90 days after the date of filing.) Me: If the date inserted in this block does not mee cument's effective date on the Department of State RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.020 constitutes an affirmation under the per I am aware that any false information seconstitutes a third degree felony as pro | et the applicable statutory filing requirements, this date will be se's records. Colored - Marsh Property Per or an authorized representative of a member 15 (3), Florida Statutes, the execution of this document its of perjury that the facts stated herein are translative of a document to the Department of Stativided for in s.817.155, F.S.) | ness day | ed as |
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Page 2 of 2

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

ARTICLE IV-

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 Entity" immediately prior to the filing of the Article CRITICAL THINKING PARTNERS LLC | es of Conversion is: |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| (Enter Name of Other Business Entity) | |
| 2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY | |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) | |
| First organized, formed or incorporated under the laws of WEST VIRGINIA (Enter state, or if a non-U.S. entity, the | |
| OCTOBER 22, 2012 | name of the country) |
| (date of organization, formation or incorporation) | |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Artic | cles of Organization: |
| CRITICAL THINKING PARTNERS LLC | |
| (Enter Name of Florida Limited Liability Company) | |
| 4. If not effective on the date of filing, enter the effective date: | |
| (The effective date: 1) cannot be prior to date of receipt or filed date nor more than date this document is filed by the Florida Department of State; AND 2) must be the date listed in the attached Articles of Organization, if an effective date is listed there Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records. | o 90 days after the same as the effective ein.) |
| 5. The plan of conversion has been approved in accordance with all applicable statutes. | |
| | |

Page 1 of 2

HECHVED

15 APR 30 PM 4: 50
SECRETARY OF STATE

| Signed this 28 TH day of APRIL | 20_15 | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--|
| Signature of Authorized Representative of Limi | ted Liability Company: | |
| Signature of Authorized Representative: 1 Printed Name: TERRY A. CALVERT-MAROVICH 0 | A. Calvert - Marovich | |
| Signature(s) on behalf of Other Business Entity: | | |
| Signature: Very A. Calvert-M Printed Name: TERRY A. CALVERT-MAROVICH | Title: MEMBER | |
| Signature: | | |
| Signature:Printed Name: | Title: | |
| Signature: | | |
| Printed Name: | Title: | |
| Signature: | | |
| Printed Name: | Title: | |
| | | |
| Signature:Printed Name: | 771.3 | |
| Printed Name: | Title: | |
| Signature: | | |
| Signature: Printed Name: | Title: | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: | | |
| Signature of one General Partner. | | |
| If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. | | |
| All others: Signature of an authorized person. | | |
| Fees: | | |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | |