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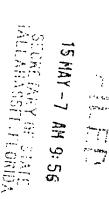
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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1 Stevers MAY 1 4 2015



April 20, 2015

TODD FISCH 1431 BLUE JAY CIRCLE WESTON, FL 33327

SUBJECT: CONSCIOUS CAPITAL, LLC

Ref. Number: W15000027381

We have received your document for CONSCIOUS CAPITAL, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 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: 915A00007821

#### COVER LETTER

<b>TO:</b> Registration S Division of C				·	
Consci	ous Capital, LLC				
SUBJECT:		of Resulting Florida	l imitad (	Company	-
	(Name	of Kesulling Plotida	Limitea	Company)	
	s of Conversion, Artic a "Florida Limited Li				
Please return all corr	espondence concernin	g this matter to:			
Todd Fisch					
Conscious Capital	(Contact Person)				
1431 Blue Jay Circ	(Firm/Company) Cle				
	(Address)				
Weston, FL 33327					
tefisch@mac.com	City, State and Zip Code)				
E-mail Address: (to b	e used for future annual re	port notifications)			
For further informati	on concerning this ma	tter, please call:			
Todd Fisch	•	305	240-6	000	
(Name of Conta	ict Person)	_at (	(Daytin	ne Telephone Number)	
Enclosed is a check f	or the following amou	ınt:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing land Certified Copy	, (	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS Registration Section Division of Corporat Clifton Building		Registra	tion Sec of Cor	porations	
2661 Executive Cent	er Circle	Tallahas			

Tallahassee, FL 32301

## **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.

The name of the "Other Business I Conscious Capital, LLC	Entity" immediately prior to the filing of the Article	es of Conversion is:
(Enter )	Name of Other Business Entity)	
li 2. The "Other Business Entity" is a _	mited liability company	
	nter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporate	Delaware ed under the laws of	
March 20, 2009	(Enter state, or if a non-U.S. entity, the	name of the country)
on(date of organization, formation or incorp	poration)	
3. The name of the Florida Limited L Conscious Capital LLC	iability Company as set forth in the attached Arti-	cles of Organization:
(Enter Name of	Florida Limited Liability Company)	•
4. If not effective on the date of filing		
date this document is filed by the Fl	ior to date of receipt or filed date nor more than orida Department of State; <u>AND</u> 2) must be the f Organization, if an effective date is listed ther	same as the effective
5. The plan of conversion has been ap	proved in accordance with all applicable statutes.	TS MAY-
	Page 1 of 2	7 AM 9:5
		हां है ज

Signed this 9th day of March	. 20 <u>15</u>			
Signature of Authorized Representative of Lim	ited Liability Gompany:			
Signature of Authorized Representative: Printed Name: Todd Fiscn	Title: Manager	_		
Signature(s) on behalf of Other-Business Entity:	[See below for required signature(s).]			
Signature:	Title: Manager	<del>.</del>		
Signature:Printed Name:				
Signature:Printed Name:	Title:	<del>-</del>		
Signature:Printed Name:				
Printed Name:	Title:	-		
Signature:Printed Name:	Title:	<b>-</b> -		
Signature:				
Signature:Printed Name:	Title:	- -	•	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc.		54 50 100 100 100 100 100 100 100 100 100 1	15 MAY	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:	ASSAU.	Y-7 AH	est s desce t
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	ELUKIO ELUKIO	9:56	žá Dronk
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)			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Conscious Capi		Liability Company, "L.L.C.," or "LLC.")	· · · · · · · · · · · · · · · · · · ·
ARTICLE II - A	ddress:	ne principal office of the Limited	d Liability Company i
Principal Office	Address:	Mailing Address:	
1431 Blue Jay 0 Weston, FL 333		1431 Blue Jay Circle Weston, FL 33327	
(The Limited Liability ( business entity with an	Company cannot serve as its own Factive Florida registration.)  Florida street address of t  Todd Fisch  N  1431 Blue Jay Circle	Registered Age Registered Agent. You must designate an in the registered agent are:  Tame  P.O. Box NOT acceptable)  FL 33327  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 AMBR	Joan Fisch 1431 Blue Jay Circle Weston, FL 33327
AMBR	Todd Fisch 1431 Blue Jay Circle Weston, FL 33327
	<del>4</del>
	the date of filing: (OPTIONAL)
TICLE V: Effective date, if other than an effective date is listed, the date mur 90 days after the date of filing.)	ist be specific and cannot be more than five business days p
FICLE V: Effective date, if other than an effective date is listed, the date mur 90 days after the date of filing.)	ist be specific and cannot be more than five business days p
TICLE V: Effective date, if other than	ist be specific and cannot be more than five business days p
FICLE V: Effective date, if other than an effective date is listed, the date mur 90 days after the date of filing.)  FICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem (In accordance with section 605.0202 constitutes an affirmation under the p	ber or an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State
TICLE V: Effective date, if other than an effective date is listed, the date must 90 days after the date of filing.)  TICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 605.0202 constitutes an affirmation under the plam aware that any false information constitutes a third degree felony as production and the plant of the plant	ber or an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State

ARTICLE IVThe 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) Page 2 of 2