215000141084

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	·
(Cit	y/State/Zip/Phone	e #)
·	•	,
PICK-UP	☐ WAIT	MAIL
/D.	siness Entity Nar	ma)
(Bu	Siness Enuty Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CR

COVER LETTER

TO:	Registration S Division of C					
		nancial Advisors LLC	٠.			
SUBJ	ECT:		of Resulting Florida	Limited C	Company)	
Til		CC	160			
		s of Conversion, Artico a "Florida Limited Li				
Please	return all corr	espondence concernin	g this matter to:			
Micha	el J. Pullan					•
		(Contact Person)				
R&M	Financial Advisor	s LLC				
		(Firm/Company)				
4320 1	Noble Pl					
•		(Address)	······································			
Parrisl	ı, FL 34219					•
	(City, State and Zip Code)				
info@	rm-fin.com					
E-r	nail Address: (to b	e used for future annual re	port notifications)			
For fu	rther informati	on concerning this ma	tter, please call:			
Micha	el J. Pullan		at (³¹⁷	445-5740	0	,
	(Name of Conta	act Person)		(Daytim	e Telephone Number)	
Enclo	sed is a check t	for the following amou	int:			
(\$25 fc & \$125	0.00 Filing Fees or Conversion of for Articles anization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing I and Certified Copy	, C	3\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STRE	ET ADDRES	S:	MAILI	NG ADI	DRESS:	
_	ration Section	•	Registra			
	on of Corporat n Building	ions	Divisior P. O. Bo		porations	•
	Executive Cent	er Circle	Tallahas		32314	

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.

(Enter N	fame of Other Business Entity)	する
2. The "Other Business Entity" is a Lin	mited Liability Company	15 AUG 14
	ster entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	. 2
First organized, formed or incorporated	d under the laws of Indiana	<u></u>
February 10, 2011	(Enter state, or if a non-U.S. entity, the name of th	e country) \mathcal{G}
(date of organization, formation or incorpo	oration)	
3. The name of the Florida Limited Lia	ability Company as set forth in the attached Articles of O	rganization:
R&M Financial Advisors LLC		
(Enter Name of F	Clorida Limited Liability Company)	
4. If not effective on the date of filing.	enter the effective date: Date of Filing	
Ç.	or to date of receipt or filed date nor more than 90 days	
date this document is filed by the Flo date listed in the attached Articles of	orida Department of State; <u>AND</u> 2) must be the same as Organization, if an effective date is listed therein.) of meet the applicable statutory filing requirements, this date will not be	

Signed this 7th day of August	20_15
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Democratative	Wille
Signature of Authorized Representative: Printed Name: Michael J. Pullan	Title: President/Managing Partner
Signature(s) on behalf of Other Business/Entity:	[See below for required signature(s)]
Signature: Yaya Vull	
Printed Name: Raymond C. Pullan	Title: Vice President/Managing Partner
Signature:	TP:4
Printed Name:	1 itle:
Signature:	
Printed Name:	Title:
G *	
Signature:Printed Name:	Title
Timed Name.	
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
If Florida Corporation:	0.00
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
in Directors of Officers have not been selected, an in	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership
Signatures of ALL General Partners.	ty Limited I at the Iship.
All others:	••
Signature of an authorized person.	· •
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
Continuate of Status.	ゅう.00 (ODUQUIAL)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

·	•
R&M Financial Advisors LLC	
(Must end with the words "Limite	d 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:	Mailing Address:
4320 Noble Pl	4320 Noble Pl
Parrish, FL 34219	Parrish, FL 34219
ADMICLE III. Decistered A cont. Decistered	
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of	ster ed Office, & Register ed Agent's Signature in Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	f the registered agent are:
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of	ster ed Office, & Register ed Agent's Signature in Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of Michael J. Pullan 4320 Noble Pl	Name
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of Michael J. Pullan 4320 Noble Pl	
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of Michael J. Pullan 4320 Noble Pl	Name

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

$\frac{\text{Title:}}{\text{"AMBR"}} = A$	authorized Member	Name and Address:	•
"MGR" = Ma	nager		•
MGR		Michael J. Pullan 4320 Noble Pl	
	***	Parrish, FL 34219	
MGR ·		Raymond C. Phillips	
	-	5840 Jackie Ln	
		Indianapolis, IN 46221	
			<u> </u>
(Use attachm	ent if necessary)		
effective date 90 days after the If the date inserted	is listed, the date must re date of filing.)	the date of filing: Date of Filing the specific and cannot be more the the applicable statutory filing requirements it's records.	an five business days
	•	·	
TOT DAME AL	r provisions, if any.		

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael J. Pullan

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)
Page 2 of 2