L15000180664

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

Office Use Only



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10/19/15--01026--021 **180.00

SECHETARY OF STATE
THE SECHETARY OF STATE
TO SECHETARY OF SECHETARY

10/26/15

October 15, 2015

New Filings Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Trustiam Management, LLC

To Whom It May Concern:

Enclosed with this letter please find the following:

- 1. Articles of Conversion;
- 2. Articles of Organization for a Florida Limited Liability Company;
- 3. A check for \$180 for the Conversion Fee, Filing Fee and Certified Copy.
- 4. A pre-addressed envelope.

Please file and return the certificate to me in the enclosed envelope. If you have any questions or concerns regarding this filing please call me at 800-706-4741.

Sincerely yours,

Amy Kasprzyk Organizer

COVER LETTER

Division of C	orporations		
SUBJECT: Trustiam	Management, LLC		
Sobile		of Resulting Florida Limit	ed Company)
			nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:	
Amy Kasprzyk			
	(Contact Person)		
Anderson Business Advi	sors		
	(Firm/Company)		
732 Broadway, Suite 20			
	(Address)		
Tacoma, WA 98402			
(0	City, State and Zip Code)		
ra@andersonadvisors.co	m		
E-mail Address: (to b	e used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please call:	
Amy Kasprzyk		at (253)981-	6007
(Name of Conta	et Person)	(Area Code) (Da	ytime 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 Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAILING A	ADDRESS:
Registration Section		Registration	
Division of Corporati	ions	Division of C P. O. Box 63	
Clifton Building 2661 Executive Cent	er Circle	P. O. Box 63 Tallahassee,	
Tallahassee, FL 3230		rananasse,	

INHS11 (06/15)

TO: Registration Section

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 Entity" immediately prior to the filing of the Articles of Conversion is:
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a Limited Partnership.
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fir	st organized, formed or incorporated under the laws of Pennsylvania
	(Enter state, or if a non-U.S. entity, the 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 Articles of Organization:
Tn	ustiam Management, LLC
	(Enter Name of Florida Limited Liability Company)
(T) da da <u>No</u>	If not effective on the date of filing, enter the effective date: he effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the te this document is filed by the Florida Department of State; AND 2) must be the same as the effective te listed in the attached Articles of Organization, if an effective date is listed therein.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nument's effective date on the Department of State's records.

5. The plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2

SECRETARY OF STATE

NVIOLOT OF COMPOSTIONS

15 DOT 10 AMIL: 02

Signed this 14th day of October	20_15
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Kathleen F. Muldoon	Title: President of Hywell Enterprises, Inc.
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature:	تسو
Printed Name: Kathleen F. Muldoon	Title: President of Ilywell Enterprises, Inc.
Signature:	
Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
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 Liabili- 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:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

Page 2 of 2

VERY CONTROL SIALE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Tr. C. M			
Trustiam Management, I	end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add The mailing address		he principal office of the Limited Liability Co	ompany is:
Principal Office Ad	dress:	Mailing Address:	
472 Anchorage Road The Villages, FL 32163		472 Anchorage Road The Villages, FL 32163	
	Anderson Registered Agent	ts, Inc. Name	
	1000 North Washington Bo		
	Florido atrost address		
	Florida street address	• • •	
	Florida street address arasota City	• • •	
<u>S</u> Having been name liability compar registered agent ar statutes relating t	arasota City ed as registered agent a ny at the place designat nd agree to act in this co to the proper and comp	FL 34236 Zip and to accept service of process for the above sted in this certificate, I hereby accept the appoinancity. I further agree to comply with the problete performance of my duties, and I am familians registered agent as provided for in Chapter	ntment as visions of all ar with and

(CONTINUED)

Page 1 of 2

SECRETIÁRY OF STATE

"A NADD" - Assels and mad Manager-	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
MGR	Ilywell Enterprises, Inc.	
 	472 Anchorage Road	
	The Villages, FL 32163	
effective date is listed, the date must	e date of filing: (OPTION be specific and cannot be more than five business	NAL) s days
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)	be specific and cannot be more than five business the applicable statutory filing requirements, this date will not be	s days
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) f the date inserted in this block does not meet nt's effective date on the Department of State	be specific and cannot be more than five business the applicable statutory filing requirements, this date will not be	s days
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) If the date inserted in this block does not meet not's effective date on the Department of State of CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	the applicable statutory filing requirements, this date will not less records.	s days
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) If the date inserted in this block does not meet not's effective date on the Department of State. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member	the applicable statutory filing requirements, this date will not less records. A Maldon or an authorized representative of a member.	s days
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) If the date inserted in this block does not meet not's effective date on the Department of State. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a member of a document is executed in a lam aware that any false inform	the applicable statutory filing requirements, this date will not less records. The contained representative of a member. Accordance with section 605.0203 (1) (b), Florida Statutes. The contained in a document to the Department of State	s days
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) If the date inserted in this block does not meet not's effective date on the Department of State. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a member of a document is executed in a lam aware that any false inform	the applicable statutory filing requirements, this date will not be records. The local representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes.	be listed
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) If the date inserted in this block does not meet not's effective date on the Department of State. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of this document is executed in a I am aware that any false inform constitutes a third degree felony.	the applicable statutory filing requirements, this date will not less records. The contained representative of a member. Accordance with section 605.0203 (1) (b), Florida Statutes. The contained in a document to the Department of State	be listed
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) If the date inserted in this block does not meet not's effective date on the Department of State. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a member of a manual and aware that any false inform constitutes a third degree felony Kathleen E, Muldoon	the applicable statutory filing requirements, this date will not less records. The contained representative of a member. Accordance with section 605.0203 (1) (b), Florida Statutes. The contained in a document to the Department of State	be listed
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) If the date inserted in this block does not meet not's effective date on the Department of State. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in a I am aware that any false inform constitutes a third degree felony Kathleen E, Muldoon Ty	the applicable statutory filing requirements, this date will not leave the applicable statutory filing requirements, this date will not leave to records. For or an authorized representative of a member. Recordance with section 605.0203 (1) (b), Florida Statutes. Instituted in a document to the Department of State of as provided for in s.817.155, F.S.	s days be listed

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

ARTICLE IV-

Company: