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### **COVER LETTER**

TO:		tration on of (								
SUBJ	ECT: _	Sung	late	Caps)al	Ma Name o	ld ings, f Resulting	LLC g Florida L	imited	i Company)	
						_			d fees are submitted to convert an "Ot cordance with s. 605.1045, F.S.	her
Please	return	all com	respond	lence conce	erning	this mat	ter to:			
Er	not	Aulk	(Cor	ntact Person)						
54	n state	Capi	<i>`}u  }</i> (Fir:	ntact Person)  1014 july 5  n/Company)						
				Pkwy Address)						
Lak	e Mai	ry, f	1 3 City, St	2746 ate and Zip C	ode)					
<u>Tri</u> E-n	7. Ad nail Addr	ess: (to	gmail be used	. Ca #7 for future ann	ual rep	ort notifica	ations)			
For fu	rther in	format	ion cor	cerning thi	s matt	er, pleas	e call:			
	Brn (Name	9} of Cont	Julls act Perso	on)		at ( <u>35</u>	<del>[2)</del> ca Code)	671 (Day)	8-7464 time Telephone Number)	
Enclos	sed is a	check	for the	following a	amour	ıt:				
(\$25 fo & \$125	0.00 Filir r Convers for Artic nization)	sion cles		55.00 Filing F ertificate of	ecs .		00 Filing F fied Copy		\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	ET AD								DDRESS:	
_	ration S						Registrat Division		Section ornorations	

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Conversion**

For

## "Other Business Entity"

Into

## Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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 Articles of C Sunstate Capital Holdings, Puc.  (Enter Name of Other Business Entity)	Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a(Ovpland Han  (Enter entity type. Example: corporation, limited partnership,	
general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of	
on $\frac{10/23/07}{\text{(date of organization, formation or incorporation)}}$ . (Enter state, or if a non-U.S. entity, the name of	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	f Organization:
Sunstate (apital Holdings, LLC (Enter Name of Florida Limited Liability Company)	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: 5/2 7/16.	
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 d date this document is filed by the Florida Department of State; AND 2) must be the same date listed in the attached Articles of Organization, if an effective date is listed therein.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records.	e as the effective
5. The plan of conversion has been approved in accordance with all applicable statutes.	16 JUN
Page 1 of 2	

Signed this 272 day of May	20_16
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Control Printed Name: Evn (A. Julis De	Title: Managing Member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Ent C. a. &  Printed Name: Ernest (. Aulls D	Title: Print
Signature:Printed Name:	
Signature:Printed Name:	
Signature:Printed Name:	
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 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: 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:

Sungfort Capitol (Must end with the words "Limite	Holdings, UC ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3840 St. John, Pkny Sanfard, Pl 32771	3840 St. Johns Pleny Sonford, P1 32771
	istered Office, & Registered Agent's Signature: vn Registered Agent. You must designate an individual or another
The name and the Florida street address of	of the registered agent are:
Brnist Aulls	
3840 57. Jo Florida street addres	hny Vkry ss (P.O. Box NOT acceptable)
<u>Sanfivel</u> City	FL 3277/ 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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Brost C. Aulls ID
	Sanford Fl 32771
4.4.4.10	
AMBK	3840 St. John Prombits
	Santovd, Fl 3277/
***	
	-
(Use attachment if necessary)  FICLE V: Effective date, if other than effective date is listed, the date m	n the date of filing: 5/27/6. (OPTIONAL)  nust be specific and cannot be more than five business days p
FICLE V: Effective date, if other than effective date is listed, the date mere of filing.)	nust be specific and cannot be more than five business days parented the applicable statutory filing requirements, this date will not be listed a
FICLE V: Effective date, if other that in effective date is listed, the date mer 90 days after the date of filing.)  If the date inserted in this block does not rement's effective date on the Department of STICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	nust be specific and cannot be more than five business days pencet the applicable statutory filing requirements, this date will not be listed a state's records.
FICLE V: Effective date, if other that an effective date is listed, the date mer 90 days after the date of filing.)  If the date inserted in this block does not rement's effective date on the Department of STICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  G.	nust be specific and cannot be more than five business days pencet the applicable statutory filing requirements, this date will not be listed a state's records.
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FICLE V: Effective date, if other that an effective date is listed, the date mer 90 days after the date of filing.)  If the date inserted in this block does not rement's effective date on the Department of STICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer This document is executed I am aware that any false in constitutes a third degree for	mber or an authorized representative of a member.  In accordance with section 605.0203 (1) (b), Florida Statutes.  Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
FICLE V: Effective date, if other that an effective date is listed, the date mer 90 days after the date of filing.)  If the date inserted in this block does not rement's effective date on the Department of STICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer This document is executed I am aware that any false in constitutes a third degree for	must be specific and cannot be more than five business days proceed the applicable statutory filing requirements, this date will not be listed as state's records.  The proceedings of a member of state of a member of a memb

Page 2 of 2

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

ARTICLE IV-