# 11600010301

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(Address)
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JUN 0 8 2016 T SCHROEDER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 159100 8014507

AUTHORIZATION : Sprels ble man

COST LIMIT : \\$ \h50.00

ORDER DATE: May 31, 2016

ORDER TIME : 9:18 AM

ORDER NO. : 159100-015

CUSTOMER NO: 8014507

#### DOMESTIC AMENDMENT FILING

NAME: SMITH & BRUER, LLC

EFFECTIVE DATE:

XX ARTICLES OF CONVERSION
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS:

## **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.

Sta	tutes.
	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 Liability Company.
	(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
on	09/18/2014 (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:
S	MITH BRUER ADVISORS, LLC
	(Enter Name of Florida Limited Liability Company)
	If not effective on the date of filing, enter the effective date:
(TI da:	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; <u>AND</u> 2) must be the same as the effective
daı	e listed in the attached Articles of Organization, if an effective date is listed therein.)
Not	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the imment's effective date on the Department of State's records.
5. 7	The plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2



Signed this 2 day of June	20 16	
Signature of Authorized Representative of Li		
Signature of Authorized Representative: Printed Name: RENE BRUER	Tille Morehor	
		•
Signature(s) on behalf of Other Business Entity		
Signature: Reve BAKER  Printed Name: Reve BAKER	Title: AUTHORIZET) KE M & EA	8/PRESIDENT
Signature:		
Signature: Printed Name:	Title:	- -
Signature: Printed Name:	Title	-
Signature:Printed Name:	Title:	-
<u> </u>		
Signature:Printed Name:	Title:	• •
Signature:		_
Signature:Printed Name:	Title:	<del>-</del>
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, If Directors or Officers have not been selected, an		
If Florida General Partnership or Limited Liab Signature of one General Partner.	pility Partnership:	
If Florida Limited Partnership or Limited Liab Signatures of <u>ALL</u> General Partners.	oility Limited Partnership:	<b>16</b>
All others: Signature of an authorized person.		ALIASSEHWA
Fees:		THE IT
Articles of Conversion: Fees for Florida Articles of Organization Certified Copy: Certificate of Status:	\$25.00 a: \$125.00 \$30.00 (Optional) \$5.00 (Optional)	D 2:27 Slare London

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
SMITH BRUER ADVISORS, LLC			
(Must end with the words "Limited Liabili	y Company, "L.L.C.," or "LLC."	")	
	•		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limi	ited Liability Company is:	
Principal Office Address:	Mailing Address:		
1809 MICCOSUKEE COMMONS DRIVE	1809 MICCOSUKEE CON	MMONS DRIVE	
SUITE 114	SUITE 114		
TALLAHASSEE, FL 32308	TALLAHASSEE, FL 32308		
(The Limited Liability Company cannot serve as its own Registed business entity with an active Florida registration.)  The name and the Florida street address of the results of the resul		M REGIVERS OF MEDICE	
CORPORATION SERVICE CO	MPANY		
Name			
1201 HAYS STREETT			
Florida street address (P.O.	Box NOT acceptable)		
TALLAHASSEE	FL 32301		
City	Zip		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete paccept the obligations of my position as reg	this certificate, I hereby of ty. I further agree to com verformance of my duties,	accept the appointment as apply with the provisions of all and I am familiar with and I for in Chapter 605, F.S  Melissa Zender	
Registered Agent's Sign	ature (REQUIRED)	Asst. Vice President	
(CONTIN	UED)	16 JUN -8 PM 2 SECRETARY OF STALLAHASSEE FLO	

ARTICLE IV- The name and address of each p Company:	erson authorized to manage and control the Limited Liability
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	SMITH & BRUER, LLC
AMBR	1809 Miccosukee Commons Dr. Ste 114 Tallahassee, FL 32308
AMBR	RENE BRUER
	1809 Miccosukee Commons Drive Suite 114 Tallahassee, FL 32308
AKBR	1809 Miccosulae Commons Dr. STER Tallahassee, fl 32308
and the state of t	
an effective date is listed, the date roor 90 days after the date of filing.)	an the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior meet the applicable statutory filing requirements, this date will not be listed as the State's records.
TICLE VI: Other provisions, if any.	⇒ co
	्रें के किया किया किया किया किया किया किया किया
REQUIRED SIGNATURE:	SSS 8
	en pho
This document is execute I am aware that any false	ember or an authorized representative of a member of din accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
RENE BRUER, ME	MBER
	Typed or printed name of signee
erac on the state of	Filing Fees
\$125.00 Filing Fee for Artic \$ 30.00 Certified Copy (Op	cles of Organization and Designation of Registered Agent ptional) \$ 5.00 Certificate of Status (Optional)
a 20.00 Certified Copy (Of	Page 2 of 2