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SECRETARY OF STATE

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## **COVER LETTER**

TO:	Registration S Division of C						
CHE	ECT. COPE CA	APITAL HOLDINGS, LLO	2				
SUDJ	EC1:	(Name	of Re	sulting Florida	Limite	ed Company)	
						nd fees are submitted to conveccordance with s. 605.1045, l	
Please	return all corre	espondence concernin	g thi	s matter to:			
DEAN	NA K. KELLY						
		(Contact Person)					
AMER	ICAN CORPORA	ATE ENTERPRISES, INC					
		(Firm/Company)					•
123 W	NYE LANE, SU	ITE 129					
		(Address)		<del></del>			
CARSO	ON CITY, NV 89°	706					
		City, State and Zip Code)					
deedee	@americancorpen	•					
	-	e used for future annual re	nort r	notifications)			
For fu	rther information	on concerning this ma		-			
DEAN	NA K. KELLY		at	(888)	274-1	130	
	(Name of Conta	ct Person)	_	(Area Code)	(Day	rtime Telephone Number)	
Enclo	sed is a check f	or the following amou	int:				
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles mization)	\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing I d Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Regist Divisi Clifto	ET ADDRES tration Section on of Corporat n Building Executive Cent	ions		Registra Division P. O. Bo	tion a of C ox 63	Corporations	

INHS11 (06/15)

Tallahassee, FL 32301



June 24, 2016

DEANNA K. KELLY 123 W. NYE LANE, SUITE 129 CARSON CITY, NV 89706

SUBJECT: COPE CAPITAL HOLDINGS, INC.

Ref. Number: W16000045214

We have received your document for COPE CAPITAL HOLDINGS, INC. and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

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) 245-6052.

Letter Number: 716A00013379

Valerie Herring Regulatory Specialist II New Filing Section

www.sunbiz.org

FILED

16 JUL -6 PM 1:06

SECRETARY OF STATE TALLAHASSEE FLORIDA

## 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 Busi COPE CAPITAL HOLDINGS, INC.	iness Entity" immediately prior to the filing of the Articles of Conversion	on is:
	(Enter Name of Other Business Entity)	
2. The "Other Business Entity"	is a CORPORATION	
,	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incor	rporated under the laws of NEVADA	
6/29/1999	(Enter state, or it a non-U.S. entity, the name of the coun	try)
on(date of organization, formation of	or incorporation)	
3. The name of the Florida Lin	nited Liability Company as set forth in the attached Articles of Organi	zation:
COPE CAPITAL HOLDINGS, LLC		
(Enter N	lame of Florida Limited Liability Company)	
	f filing, enter the effective date:  be prior to date of receipt or filed date nor more than 90 days after	r t <b>h</b> e
date listed in the attached Art	the Florida Department of State; AND 2) must be the same as the edicles of Organization, if an effective date is listed therein.) k does not meet the applicable statutory filing requirements, this date will not be listed artment of State's records.	
5. The plan of conversion has b	een approved in accordance with all applicable statutes.	

Page 1 of 2

Signed this \_ / 4 day of \_ free \_ 16 JUL -6 PM 1:06 SECRETARY OF STATE TALLAHASSEF FLORIDA Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: Printed Name: DANIEL P. COPE Signature(s) on hehalf of Other Business Entity: [See below for required signature(s)] Signature: Printed Name, PANIEL P. COPF Title: PRES, SEC, IREAS, DIR Signature: 1/10/24 Cop Printed Name: Stars Title: DIR \_ Signature: Printed Name:\_ Signature: Printed Name: Title: Signature: Title. Printed Name: Signature: Printed Name: Title: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an incorporator must sign. If Florida General Partnership or Limited Liability Partnership; Signature of one General Partner. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. Signature of an authorized person. Fees:

Articles of Conversion:

Certified Copy:

Certificate of Status:

Fees for Florida Articles of Organization:

FILED

Page 2 of 2

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 16 JUL -6 PM 1: 06 ARTICLE I - Name: The name of the Limited Liability Company is: COPE CAPITAL HOLDINGS, LLC (Must end with the words "Limited 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:
1980 NORTHWEST 25TH STREET	1980 NORTHWEST 25TH STREET
BOCA RATON, FL 33431	BOCA RATON, FL 33431
	tered Office, & Registered Agent's Signature Registered Agent. You must designate an individual or another

The name and the Florida street address of the registered agent are:

DANIEL P. COPE	
N	ame
1980 NORTHWEST 25TH S	TREET
Florida street address (	P.O. Box NOT acceptable)
BOCA RATON	FL 33431
City	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

FILED

<u>Title:</u>		
	Name and Address:	SECRETARY OF STATE
"AMBR" = Authorized Member		WELLINGSOLD   COME
"MGR" = Manager		
MGR	DANIEL P. COPE	
	1980 NORTHWEST 25TH ST	TREET
	BOCA RATON, FL 33431	
	<u> </u>	
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(Use attachment if necessary)  (CLE V: Effective date, if other than the	e date of filing:	. (OPTIONAL)
•	be specific and cannot be mo	re than five business days prior
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meetent's effective date on the Department of State ICLE VI: Other provisions, if any.	be specific and cannot be mo	re than five business days prior
CLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet ent's effective date on the Department of State (CLE VI: Other provisions, if any.	be specific and cannot be mo the applicable statutory filing require 's records.	re than five business days prior
CLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet out's effective date on the Department of State ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	be specific and cannot be mo the applicable statutory filing require 's records.	re than five business days prior
CLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet out's effective date on the Department of State ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a membra document is executed in I am aware that any false informations.	be specific and cannot be mo the applicable statutory filing require 's records.	re than five business days prior ments, this date will not be listed as the ative of a member. (b), Florida Statutes.
CLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet out's effective date on the Department of State ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a membra document is executed in I am aware that any false informations.	the applicable statutory filing require 's records.  The original thorized represent accordance with section 605.0203 (1) mation submitted in a document to the	re than five business days prior ments, this date will not be listed as the stive of a member. (b), Florida Statutes.