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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Ĉil | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ви | ısiness Entity Naı | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



800288457278

08/01/16--01039--025 **155.00



COVER LETTER

| Division of C | | | |
|--|--|--|--|
| SUBJECT: Brintz Ga | lleries LLC | | |
| | (Name | of Resulting Florida Limit | ed Company) |
| | | - | nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S. |
| Please return all corre | espondence concerning | g this matter to: | |
| Lisa Brintz | | | |
| | (Contact Person) | | |
| Brintz Galleries LLC | | | |
| | (Firm/Company) | | |
| 375 South County Road | | | |
| | (Address) | | |
| Palm Beach Florida 334 | 480 | | |
| | City, State and Zip Code) | | |
| lisa@brintzgalleries.com | • | | |
| E-mail Address: (to b | e used for future annual re | port notifications) | |
| For further informati | on concerning this ma | tter, please call: | |
| Lisa Brintz | | at $\binom{617}{}$ 283 | -8032 |
| (Name of Conta | ict Person) | | aytime Telephone Number) |
| Enclosed is a check f | for the following amou | nt: | |
| \$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 ADDRES | S: | MAILING | ADDRESS: |
| Registration Section | | Registration | |
| Division of Corporat | ions | Division of | Corporations |
| Clifton Building | | P. O. Box 6 | 327 |

Tallahassee, FL 32314

2661 Executive Center Circle

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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Brintz Galleries LLC |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a LLC |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| First organized, formed or incorporated under the laws of |
| 1.2.2014 (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 |
| Brintz Galleries LLC |
| (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: 7.19.2016 |
| (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective 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 not be listed as the document'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



| Signed this 19th day of July | 20_16 |
|--|---|
| Signature of Authorized Representative of Limi | ted Liability Company: |
| Signature of Authorized Representative: When the Manuscript of Authorized Representative of Authorize | MA |
| Signature of Authorized Representative: | Title: member/manager |
| Timed Name, 200 Sime | |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s) |
| | |
| Signature: | Title: member/manager |
| Printed Name: Lisa Brintz / | Title: member/manager |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature: | |
| Signature:Printed Name: | Title: |
| | |
| Signature: | m'.l |
| Printed Name: | 1 Me: |
| Signature: | |
| Signature:Printed Name: | Title: |
| | |
| Signature: | |
| Printed Name: | Title: |
| If Florida Corporation. | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or | Officer |
| If Directors or Officers have not been selected, an In- | |
| , | |
| <u>If Florida General Partnership or Limited Liabili</u> | ty Partnership: |
| Signature of one General Partner. | |
| TOTAL | 4 . T. C. |
| If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. | ty Limited Partnership: |
| Signatures of ALL Ocheral Farmers. | |
| All others: | |
| Signature of an authorized person. | |
| , | |
| Fees: | |
| A 41 1 | #25.00 |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 \$30.00 (Ontional) |
| Certified Copy: Certificate of Status: | \$30.00 (Optional) \$5.00 (Optional) |
| Certificate of Status. | ขอ.ชบ เพียนชนสม |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Brintz Galleries 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 | he principal office of the Limited Liability Company i |
| Principal Office Address: | Mailing Address: |
| 375 South County Road | 375 South County Road |
| Palm Beach Florida 33480 | Palm Beach Florida 33480 |
| | Name |
| 2773 South Ocean Blvd | (P.O. Box NOT acceptable) |
| riorida street address | (F.O. Box NOT acceptable) |
| Palm Beach City | FL 33480 Zip |
| liability company at the place designal registered agent and agree to act in this c statutes relating to the proper and comp | and to accept service of process for the above stated lim ted in this certificate, I hereby accept the appointment a capacity. I further agree to comply with the provisions o plete performance of my duties, and I am familiar with a as registered agent as provided for in Chapter 605, F.S. |

(CONTINUED)

Page 1 of 2

| | Name and Address: |
|--|--|
| "AMBR" = Authorized Member "MGR" = Manager | |
| MGR and AMBR | Lisa Brintz |
| | 2773 South Ocean Blvd Apt 502 |
| | Palm Beach Florida 33480 |
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| OTICLE V. Effective data if other than | the date of filing: July 19th 2016 (OPTIONAL) |
| f an effective date is listed, the date mu or 90 days after the date of filing.) | the date of filing: July 19th 2016 . (OPTIONAL) ast be specific and cannot be more than five business days pri eet the applicable statutory filing requirements, this date will not be listed as |
| an effective date is listed, the date mu or 90 days after the date of filing.) te: If the date inserted in this block does not me | est be specific and cannot be more than five business days pri |
| f an effective date is listed, the date mutor 90 days after the date of filing.) te: If the date inserted in this block does not me cument's effective date on the Department of States. | est be specific and cannot be more than five business days pri |
| f an effective date is listed, the date mu or 90 days after the date of filing.) | est be specific and cannot be more than five business days pri |
| f an effective date is listed, the date mutor 90 days after the date of filing.) te: If the date inserted in this block does not me cument's effective date on the Department of States. | est be specific and cannot be more than five business days pri |
| ran effective date is listed, the date must or 90 days after the date of filing.) te: If the date inserted in this block does not me cument's effective date on the Department of State RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed if a maware that any false inf | est be specific and cannot be more than five business days pri |
| ran effective date is listed, the date must or 90 days after the date of filing.) te: If the date inserted in this block does not me cument's effective date on the Department of State RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed if a maware that any false inf | the specific and cannot be more than five business days prime the applicable statutory filing requirements, this date will not be listed as ate's records. The or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Formation submitted in a document to the Department of State |

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

ARTICLE IV-

Company:

Page 2 of 2

\$ 30.00 Certified Copy (Optional)

Filing Fees \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 5.00 Certificate of Status (Optional)