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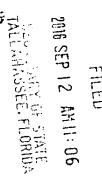
(Requestor's Name)	_
(Address)	_
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(City) States 2 pt Tions 11/	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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COVER LETTER

TO: Registration S Division of C			
SUBJECT:	Giblin Law	of Resulting Florida Limite	d Company)
		-	d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concernir	ng this matter to:	
<u>Allison</u> (Contact Person)		
Giblin L	(Firm/Company)		
150 E. Palm	etta Park Ro	1. Stc. 800	
Boxa Raton	FL 33Y3 City, State and Zip Code)	32	
	no tox attorne e used for future annual re		
For further information	on concerning this ma	itter, please call:	
Allison C (Name of Conta	ct Person)	at (<u>561</u>) <u>41</u> (Area Code) (Day	9~6529 rtime Telephone Number)
Enclosed is a check f	or the following amou	ınt:	
\$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 Registration Section Division of Corporati Clifton Building		MAILING A Registration S Division of C P. O. Box 633	Section Corporations

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

FILED

2016 SEP 12 AM 11: 06

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 Conversion is: Giblin Law PA PIS - 88722 (Enter Name of Other Business Entity) general partnership, common law or business trust, etc.) First organized, formed or incorporated under the laws of Toxida (Enter state, or if a non-U.S. entity, the name of the country) on 10/26/2015 (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: (Enter Name of Florida Limited Liability Company) 4. If not effective on the date of filing, enter the effective date: (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.

Page 1 of 2

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

Signed this 1 day of September	20 <u>l/o</u> .	
Signature of Authorized Representative of Limit	ed Liability Company:	_
Signature of Authorized Representative: Cllus Printed Name: Alison Gibbs	_ Title: Office	FILED 2018 SEP 12 AM 11: 07
Signature(s) on behalf of Other Business Entity: 15	See below for required signatu	re(s) HASSEF, FLORIDA
Signature: Cllusion Holin Printed Name: Allison Giblio	Title: Officer	
Signature:Printed Name:		
Signature:Printed Name:		
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Clif Directors or Officers have not been selected, an Incompared to the Compared to		
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Certified Copy:	\$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:	
Giblin Law U	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
150 E. Palmetto Park Rd. Ste. 800 Boxa Roton, FL 33432	150 E. Palmetto Park Rd. Ste. 800 Boca Ratur FL 33432
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the real street address of the r	2016 SEP
150 E. Palmetto Florida street address (P.O Roca Raton City	Tark ka. sie. Dou ma ma
II to be a second of the secon	a accent survive of process for the above stated limite

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
_ MGR	Allison Giblin
	150 E. Palmetto Park Rd. Stc. 800
	Bora Raton, FL 33432
effective date is listed, the date mus	ne date of filing: (OPTIONAL) t be specific and cannot be more than five business day
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 States	t be specific and cannot be more than five business day t the applicable statutory filing requirements, this date will not be list
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 at's effective date on the Department of States	t be specific and cannot be more than five business day the applicable statutory filing requirements, this date will not be lister's records.
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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 lam aware that any false information.	t be specific and cannot be more than five business day t the applicable statutory filing requirements, this date will not be list e's records.
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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 part of a member of a manual part of a manual pa	t be specific and cannot be more than five business day t the applicable statutory filing requirements, this date will not be list e's records. Structure of a nember of a nember of an authorized representative of a nember of an authorized representative of a nember of a new submitted in a document to the Department of State

ARTICLE IV-