# L16000227260

(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
∠ (Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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12/15/16--01020--010 \*\*150.00

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EFFECTIVE DATE 0/01/17

2/16/16



1301 Plantation Island Drive, Suite 304St. Augustine, Florida 32080

(904) 823-3333 www.JacksonLawGroup.com Andrew Jackson, Esq.\*
ajackson@jacksonlawgroup.com

Edward Ronsman, Esq. eronsman@jacksonlawgroup.com

Ryan Williams, Esq.\*
rwilliams@acksonlawgroup.com

James Roche, Esq. iroche@jacksonlawgroup.com

Julie Ickes, Esq.\*

nckes@jacksonlawgroup.com

Chase Mills, Esq. cmills@jacksonlawgroup.com

Master of Laus (LLM.) in Taxation

December 12, 2016

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Conversion of Wellthy Network, LLC

Articles of Organization

To Whom it May Concern:

This law firm represents Wellthy Network, LLC ("Wellthy") with respect to its conversion from a foreign limited liability company to a Florida limited liability company. We have submitted the Articles of Conversion for Other Business Entity into Florida Limited Liability Company at the same time as the enclosed Articles of Organization for Florida Limited Liability Company. You will also find enclosed the check for the \$125.00 filing fee.

Please contact my office if you have any issues, questions, or concerns.

Thank you for your time.

Respectfully,

JACKSON LAW GROUP

Ryan Williams, Esq.

# **COVER LETTER**

Division of C					
SUBJECT: Wellthy	Network, LLC				
		of Re	sulting Florida	Limi	ted Company)
					and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g th	is matter to:		
Ryan Williams, Esq.					
	(Contact Person)				
Jackson Law Group					
,	(Firm/Company)				
1301 Plantation Island D	rive, Suite 304				
	(Address)				
St. Augustine, Florida 32	2080				
((	City, State and Zip Code)				
rwilliams@jacksonlawg	roup.com				
E-mail Address: (to b	e used for future annual re	port	notifications)		
For further informati	on concerning this ma	tter,	please call:		
Ryan Williams		at	(904	823	-3333
(Name of Conta	ct Person)		(Area Code)	(D	aytime Telephone Number)
Enclosed is a check f	or the following amou	int:			,
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing d Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:		MAILI	NG	ADDRESS:
Registration Section					Section
Division of Corporat	ions				Corporations
Clifton Building	an Cinala		P. O. Bo		
2661 Executive Cent Tallahassee, FL 323			i ailana	ssee	, FL 32314

### **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 Rusi	
Wellthy Network, LLC	iness Entity" immediately prior to the filing of the Articles of Conversion is:
	(Enter Name of Other Business Entity)
2. The "Other Business Entity"	foreign limited liability company is a
•	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incor	porated under the laws of Delaware
on May 18, 2015	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or	r incorporation)
3. The name of the Florida Lim	ited Liability Company as set forth in the attached Articles of Organization:
Wellthy Network, LLC	
(Enter Na	ame of Florida Limited Liability Company)
A ICana Constant	f filing, enter the effective date: January 1, 2017
4. If not effective on the date of	
(The effective date: 1) cannot date this document is filed by date listed in the attached Arti	be prior to date of receipt or filed date nor more than 90 days after the the Florida Department of State; AND 2) must be the same as the effective icles of Organization, if an effective date is listed therein.)  c does not meet the applicable statutory filing requirements, this date will not be listed as the
(The effective date: 1) cannot date this document is filed by date listed in the attached Artinote: If the date inserted in this block document's effective date on the Department.	be prior to date of receipt or filed date nor more than 90 days after the the Florida Department of State; AND 2) must be the same as the effective icles of Organization, if an effective date is listed therein.)  c does not meet the applicable statutory filing requirements, this date will not be listed as the

	<del></del>
Signature of Authorized Representative of Lim	ited Liability Company
Olghature of Authorized Representative desima	) // /
Signature of Authorized Representative:	It (individu
Printed Name: Robert Cardwell	Title: Authorized Member
Signature(s) op behalf of Other Business Entity:	
Signature: Colored Curclive	
Printed Name: Robert Cardwell	Title: Authorized Member
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	<u> </u>
Printed Name:	Title:
Signature:	
Printed Name:	Title:
74Th 11 G	
If Florida Corporation:	o M
Signature of Chairman, Vice Chairman, Director, or	
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir	corporator must sign.
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir  If Florida General Partnership or Limited Liabil	corporator must sign.
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir	corporator must sign.
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir  If Florida General Partnership or Limited Liabil Signature of one General Partner.	corporator must sign.  ity Partnership:
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir  If Florida General Partnership or Limited Liabil Signature of one General Partner.  If Florida Limited Partnership or Limited Liabil	corporator must sign.
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir  If Florida General Partnership or Limited Liabil Signature of one General Partner.	corporator must sign.
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir  If Florida General Partnership or Limited Liabil Signature of one General Partner.  If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.	corporator must sign.  ity Partnership:
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir  If Florida General Partnership or Limited Liabil Signature of one General Partner.  If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.  All others:	corporator must sign.  ity Partnership:
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir  If Florida General Partnership or Limited Liabil Signature of one General Partner.  If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.	corporator must sign.
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Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir  If Florida General Partnership or Limited Liabil Signature of one General Partner.  If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.  All others:	corporator must sign.
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir  If Florida General Partnership or Limited Liabil Signature of one General Partner.  If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.  All others:  Signature of an authorized person.  Fees:	corporator must sign.  ity Partnership:  ity Limited Partnership:
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir  If Florida General Partnership or Limited Liabil Signature of one General Partner.  If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:  Articles of Conversion:	corporator must sign.  ity Partnership:  ity Limited Partnership:  \$25.00
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir  If Florida General Partnership or Limited Liabil Signature of one General Partner.  If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:  Articles of Conversion: Fees for Florida Articles of Organization:	secorporator must sign.  Sity Partnership:  Sty Limited Partnership:  \$25.00 \$125.00
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir  If Florida General Partnership or Limited Liabil Signature of one General Partner.  If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:  Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy:	corporator must sign.  ity Partnership:  ity Limited Partnership:  \$25.00
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir  If Florida General Partnership or Limited Liabil Signature of one General Partner.  If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:  Articles of Conversion: Fees for Florida Articles of Organization:	secorporator must sign.  Sity Partnership:  Sty Limited Partnership:  \$25.00 \$125.00
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir  If Florida General Partnership or Limited Liabil Signature of one General Partner.  If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:  Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy:	secorporator must sign.  Sity Partnership:  Sty Limited Partnership:  \$25.00 \$125.00 \$30.00 (Optional)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Wellthy Network, LLC			
	and with the words "Limited	Liability Company, "L.L.C" or "LLC.")	
ARTICLE II - Addr	ess:		
The mailing address a	and street address of ti	ne principal office of the Limited Liability Compan	ny is:
Principal Office Add	lress:	Mailing Address:	
	,	117 Deerfield Grove Way	
117 Deerfield Grove Way	<i>t</i>		
St. Augustine, FL 32086  ARTICLE III - Regi	stered Agent, Regist	St. Augustine, FL 32086  ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another	
St. Augustine, FL 32086  ARTICLE III - Regi (The Limited Liability Comp business entity with an activ The name and the Flo	istered Agent, Regist any cannot serve as its own we Florida registration.)	ered Office, & Registered Agent's Signature:	
St. Augustine, FL 32086  ARTICLE III - Regi (The Limited Liability Comp business entity with an activ The name and the Flo	istered Agent, Regist any cannot serve as its own we Florida registration.) rida street address of obert Cardwell	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another	
St. Augustine, FL 32086  ARTICLE III - Regi (The Limited Liability Comp business entity with an activ The name and the Flo	istered Agent, Regist any cannot serve as its own we Florida registration.) rida street address of obert Cardwell	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:	
St. Augustine, FL 32086  ARTICLE III - Regi (The Limited Liability Comp business entity with an activ The name and the Flo	istered Agent, Regist vany cannot serve as its own ve Florida registration.) rida street address of obert Cardwell	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:	
St. Augustine, FL 32086  ARTICLE III - Regi (The Limited Liability Comp business entity with an activ The name and the Flo  Region 11 F	istered Agent, Regist vany cannot serve as its own ve Florida registration.) rida street address of obert Cardwell	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECKLIARY GLOVEL TO SECULARY GLOVEL TO SECULARY GLOVEL TO SECULAR SECU

Company:	•		
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager AMBR	Robert Cardwell		
AMBR	117 Deerfield Grove Way		
	St. Augustine, FL 32086		
		<del></del>	
	<del></del>	<del></del>	
		<del></del>	
	the date of filing: January 1, 2017 . (O		
CLE V: Effective date, if other than effective date is listed, the date multiple days after the date of filing.)	est the applicable statutory filing requirements, this date w	usiness d	lays
CLE V: Effective date, if other than effective date is listed, the date multiple days after the date of filing.) If the date inserted in this block does not me	est the applicable statutory filing requirements, this date w	usiness d	lays
CLE V: Effective date, if other than effective date is listed, the date multiple days after the date of filing.) If the date inserted in this block does not ment's effective date on the Department of States.	eet the applicable statutory filing requirements, this date wate's records.	usiness d	lays j
CLE V: Effective date, if other than effective date is listed, the date multiple days after the date of filing.) If the date inserted in this block does not ment's effective date on the Department of State CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	eet the applicable statutory filing requirements, this date wate's records.	vill not be	lays
CLE V: Effective date, if other than effective date is listed, the date multiple days after the date of filing.) If the date inserted in this block does not ment's effective date on the Department of State CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem This document is executed in the content of the content	cet the applicable statutory filing requirements, this date wate's records.  Liber or an authorized representative of a men in accordance with section 605.0203 (1) (b), Florida Statut	vill not be	lays
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CLE V: Effective date, if other than effective date is listed, the date multiple days after the date of filing.)  If the date inserted in this block does not ment's effective date on the Department of State CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem This document is executed it am aware that any false inficonstitutes a third degree fel	cet the applicable statutory filing requirements, this date wate's records.  Liber or an authorized representative of a men in accordance with section 605.0203 (1) (b), Florida Statut	vill not be	lays j
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Page 2 of 2

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)

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

**ARTICLE IV-**