L/6000228377

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STECTIVE DATE 01/01/17

A 12/20/16

COVER LETTER

"Other

_	ion of Corporations		
SUBJECT:	FOWLER AN	DO WOLNEY LL	d Company)
		-	d fees are submitted to convert an ecordance with s. 605.1045, F.S.
Please return	all correspondence concern	ing this matter to:	
S AINT MEE E-mail Add	Contact Person) FOULER AND W (Firm/Company) 855 ISH AVE N (Address) PETERS BURG, HL (City, State and Zip Code (AET 9 @ GMAIL ress: (to be used for future annual	33713 e) - · CoM report notifications)	
	nformation concerning this r		101-1070
(Name	wolney e of Contact Person)	at (10) (Area Code) (Day	rtime Telephone Number)
Enclosed is a	check for the following am	iount:	
\$150.00 Fili (\$25 for Conve & \$125 for Arti of Organization	rsion and Certificate of cles Status	s \$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET Al Registration Division of C Clifton Build 2661 Execut Tallahassee,	Section Corporations ling ive Center Circle	MAILING A Registration S Division of C P. O. Box 63 Tallahassee, 1	Section Corporations 27

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:
(GP 14 - 000 874) (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a GENERAL PARTNERS HIP (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on 6 24 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:
FOWLER AND WOLNEY, LLC. (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 1/2017. (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 12 day of DECEMBER	20
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:	M Walny Title: <u>OWNER PARTINER</u>
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	•
Printed Name: Daniel Wolfey	Title: Ractor
Signature:	
Signature:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
,	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

\$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:		
FOWLER AND WOLNEY, L	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company	y is:
Principal Office Address: Ma	ailing Address:	
3855 IST AVE N SAINT PETERSBURG, FL 33713	3855 IST AVE N SAINT PETERSBURG, FL 33713	
ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its own Registered Abusiness entity with an active Florida registration.)		
The name and the Florida street address of the registe	ered agent are:	
Name		
3855 IST AVE N Florida street address (P.O. Box		
Florida street address (P.O. Box	NOT acceptable)	
SAINT PETERSBURG I	FL 33113	
City	Zip	
Having been named as registered agent and to accelliability company at the place designated in this registered agent and agree to act in this capacity. I statutes relating to the proper and complete perfor accept the obligations of my position as registered.	certificate, I hereby accept the appointment further agree to comply with the provisions rmance of my duties, and I am familiar with	t as s of al s and
- mWahu		.
Registered Agent's Signature	ري ميسو ساز وروي ساز وروي	333
(CONTINUED	DEC 19	
Page 1 of 2	7 7	ggc ⊒:

Title:	Name and Address:	
'AMBR" = Authorized Member	· · · —	
'MGR" = Manager	VIII I AND AIRV	
AMBR	JILL WOLNEY 3855 IST AVE N	
	SAINT PETERSBURG, FL ROM	33
AMBR	DANIEL WOLNEY	
	3855 IST AVE N	10
	SAINT PETERSBURG, FL 331	כו
		•
(Use attachment if necessary) LE V: Effective date, if other than fective date is listed, the date mutually	the date of filing: 1/1/2017. (OPTIO	NA
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.)	the date of filing: 1/1/2017. (OPTIO ust be specific and cannot be more than five busine the applicable statutory filing requirements, this date will notate's records.	
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LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) The date inserted in this block does not me seffective date on the Department of State VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men This document is executed I am aware that any false indiconstitutes a third degree fellows.	mber 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	t be

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-