# L17000054939

(Re	questor's Name)	
(Add	dress)	
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(v.c.	<b>.</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bn	siness Entity Nar	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
,		





800295287288

03/09/17--01018--001 \*\*25.00

03/09/17--01018--002 \*\*125.00

SECRETARY OF STATE

FILED

~ 03/13/17

## COVER LETTER

TO:	New Filing Se Division of Co					
SUBJ	ECT: Beacon W	ealth Consulting South, Ll	LC (F	iled	7/13/16) Se	e alteched
		(Name of Res	ulting Florida Limit	ed Comp	pany) + Daed	ř.(
The er	iclosed Articles	of Conversion, Articl	les of Organizati	on, and	I fees are submitted to conv cordance with s. 605.1045.	vert an "Other
Please	return all corre	spondence concerning	g this matter to:			
Susan J	oy Bruno					
		(Contact Person)		•		
Beacon	Wealth South, LL	.C				
		(Firm/Company)		-		
2662 B	olero Drive, unit 1	001				
	·	(Address)		-		
Naples,	FL 34109					
	(C	City, State and Zip Code)		-		
susan@	cwafgi.com					
E-m	nail Address: (to be	used for future annual rep	port notifications)	-		
For fu	rther information	on concerning this ma	tter, please call:			
susan j	oy bruno		at ( <sup>203</sup>	981-11	33	
	(Name of Contact	et Person)	(Area Code)	(Dayt	ime Telephone Number)	
		or the following amou a bank located in the	•	orocesse	ed by this office must be pa	ayable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles inization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
New I Divisi Cliftor 2661 I	ET ADDRESS Filing Section on of Corporati n Building Executive Cente Tallahassee, F	ons	New F Divisio P. O. E	iling Se on of Co Box 632	orporations	

32301

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### **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.

Beacon Wealth Consulting, LLC  (2/6-132/61) (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 New York	
on $\frac{07/13/16}{\text{(date of organization, formation or incorporation)}}$ (Enter state, or if a non-U.S. entity, the name of the country)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization	1:
Beacon Wealth consulting South, LLC	
,	
(Enter Name of Florida Limited Liability Company)	
(Enter Name of Florida Limited Liability Company)  4. If not effective on the date of filing, enter the effective date:	

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

17 MAR -9 AM 10: 26
SECRETARY OF STATE
ANALYSISS FRORIDA

Signed this 8	day of March	20 <u>17</u>	<u>.</u>
Signature of Authoriz		•	
			14
Signature of Authorized Printed Name: susan joy b	l Representative: _	Alua 1	$VV \longrightarrow$
Printed Name: susan joy b	runo	Title: man	aging member
			or required signature(s)]
Signature:	D THE		
Printed Name: susan joy b	rune	Title: man	aging member
Signature:			
Signature:		501.1	
Printed Name:		litle:	
Signature:			
Printed Name:		Title	
1 111100 1 101110.		11110.	
Signature:			
Printed Name:		Title:	
G'			
Signature:		701.1	
Printed Name:		I itie:	
If Florida Corporation	•		
Signature of Chairman,		ctor, or Officer.	
If Directors or Officers I			ust sign.
		•	•
If Florida General Par		Liability Partners	nip:
Signature of one Genera	l Partner.		
If Florida Limited Par	nership or Limited	Liability Limited I	Partnership:
Signatures of ALL Gene	eral Partners.		
All others:	1		
Signature of an authoriz	ea person.		
Fees:			

\$30.00 (Optional) \$5.00 (Optional)

\$25.00

\$125.00

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Beacon Wealth Consulting South, LLC  (Must contain 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 Com  Principal Office Address:  Mailing Address:
The mailing address and street address of the principal office of the Limited Liability Com
Principal Office Address: Mailing Address:
Timespai Office Address.
2662 Bolero Drive, Unit 1001 same
Naples, FL 34109
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another
business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  susan joy bruno
The name and the Florida street address of the registered agent are:  susan joy bruno
The name and the Florida street address of the registered agent are:
The name and the Florida street address of the registered agent are:  susan joy bruno  Name  2662 Bolero Drive Unit 1001
The name and the Florida street address of the registered agent are:
The name and the Florida street address of the registered agent are:  susan joy bruno  Name  2662 Bolero Drive Unit 1001

Registered Agent's Signature (REQUIRED)

17 MAR -9 AM 10: 26

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
AMBR	Susan Joy Bruno		
	2662 Bolero Drive Unit 1001		
	Naples, FL 34109		
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the			
	ne date of filing 03/01/2017 . (OPTIONAL)		
an effective date is listed, the date mus or to or 90 calendar days after the date if the date inserted in this block does not meet	t be specific and cannot be more than five business days of filing.) the applicable statutory filing requirements, this date will not be listed as		
iment's effective date on the Department of State	's records.		

Typed or printed name of signee

Signature of a mymber or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

constitutes a third degree felony as provided for in s.817.155, F.S.

susan joy bruno