117000109740

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	? #)
☐ PICK-LIP	WAIT	MAIL
1 1011-01	L ••/\''	L 1407 (12
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	3	
L		

Office Use Only



300299255723

05/18/17--01003--013 **150.00

DEPARTMENT OF STARS

THAY IS PH 2: 15

MAY 1 9 2017 T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	<u></u>	
FIRST STEP DEVELOPMENT GI	ROUP, LLC	
		Art of Inc. File
	-	LTD Partnership File
		Foreign Corp. File
		L.C. File
	<u> </u>	Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
	_	Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
	_	Certificate of Good Standing
	<u> </u>	Certificate of Status
	_	Certificate of Fictitious Name
		Corp Record Search
	<u> </u>	Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature	<u> </u>	Vehicle Search
		Driving Record
Requested by: SETH		UCC 1 or 3 File
03/19		UCC 11 Search
Name Date	Time	UCC II Retrieval
Walk-In Will Pick Up		Courier

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.

1. The name of the "Other Business Entity" if	immediately prior to the filing of the Articles of Conversion is:
	Other Business Entity)
7 The "Limer Buginess Bulliv" is a	CIC LIMITED LIABILITY COMPANY
(Enter entit	ty type. Example: corporation, limited partnership, partnership, common law or business trust, etc.)
First organized, formed or incorporated under	r the laws of STATE OF OHIO
08/12/2004	(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 First Step Development Group, LLC	Company as set forth in the attached Articles of Organization:
(Enter Name of Florida L	imited Liability Company)
after the date this document is filed by the the effective date listed in the attached Art	late of receipt or filed date nor more than 90 calendar days Florida Department of State; AND 2) must be the same as icles of Organization, if an effective date is listed therein.) he applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approved	in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" ha	as agreed to pay any members having appraisal rights the amount to

17 MAY 18 PM 2: 15
SLUNE INDEED STATE

Signed this 4 day of MAY	20_17
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative: Printed Name: MARK COHEN	TITLE: AUTHORIZED MEMBER
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name: MARK COHEN	Title: AUTHORIZED REPRESENTATIV.
Signature:Printed Name:	Title:
Signature:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	ecorporator must sign.
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partnership:
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	ity 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)

T MAY 18 PH 2: 15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR	
ARTICLE I - Name: The name of the Limited Liability Company is	n:
FIRST STEP DEVELOPMENT GROUP, LLC	
(Must contain the words "Limited Liabili	ly Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
455 NE 5TH AVENUE, STB. D304	455 NE 5TH AVENUE, STE. D304
DELRAY BEACH, FLORIDA 33483	DELRAY BEACH, FLORIDA 33483
ARTICLE III - Registered Agent, Registere The Limited Liability Company cannot serve as its own Regis business entity with an active Plorida registration.)	atered Agent, You must designate an Individual or another
The name and the Florida street address of the	registered agent are:
JONATHAN D. LOUIS, P	P.A.
Nam	10

Name

7 777 GLADES RD., STE. 315-B
Florida street address (P.O. Box NOT acceptable)

BOCA RATON FL 33434
City Zip

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)

Jonasta D. Louis, President

T MAY 18 PM 2: 15

Title:	Name and Address:
"AMBR" = Authorized Member	<u> </u>
"MGR" = Manager	MARY GOLDA
AMBR	MARK COHEN 455 NE 5TH AVENUE, STE. D304
	DELRAY BEACH, FLORIDA 33483
<u> </u>	
•	
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
LE VI: Other provisions, if any.	
LE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a member This document is executed in ac I am aware that any false informa	r or an authorized representative of a member. coordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.
Signature of a member This document is executed in ac I am aware that any false informs constitutes a third degree felony	ecordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.
REQUIRED SIGNATURE: Signature of a member This document is executed in ac I am aware that any false inform constitutes a third degree felony Mask Col	ecordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.
REQUIRED SIGNATURE: Signature of a member This document is executed in ac I am aware that any false inform constitutes a third degree felony Mask Col	ecordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.
Signature of a member This document is executed in ac I am aware that any false informs constitutes a third degree felony Mack Col Typ \$125.00 Filing Fee for Articles of	ecordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S. bed or printed name of signee Filing Fees f Organization and Designation of Registered Age
Signature of a member This document is executed in ac I am aware that any false informs constitutes a third degree felony Mack Col	cordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S. bed or printed name of signee Filing Fees f Organization and Designation of Registered Age
Signature of a member This document is executed in ac I am aware that any false informs constitutes a third degree felony Mack Col Typ \$125.00 Filing Fee for Articles of	cordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S. ped or printed name of signee Filing Fees f Organization and Designation of Registered Age al) \$ 5.00 Certificate of Status (Optional)
Signature of a member This document is executed in ac I am aware that any false informs constitutes a third degree felony Mack Col Typ \$125.00 Filing Fee for Articles of	cordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S. ped or printed name of signee Filing Fees f Organization and Designation of Registered Age al) \$ 5.00 Certificate of Status (Optional)
Signature of a member This document is executed in act I am aware that any degree felony Mack Col Typ \$125.00 Filing Fee for Articles of	ecordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S. bed or printed name of signee Filing Fees f Organization and Designation of Registered Age