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(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	<u></u> _
(Cit	y/State/Zip/Phone	#)
PICK-UP		MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	,



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COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: Providence Family Offices, LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Lisa Wilkerson, Esq.

(Contact Person)

Brett Hendee, P.A.

(Firm/Company)

1700 South MacDill Avenue, Suite 200

(Address)

Tampa, FL 33629

(City, State and Zip Code)

ibeattie@bretthendee.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Lisa Wilkerson	at $\binom{813}{258-1177}$
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

🔳 \$150.00 Filing Fees	S155.00 Filing Fees	□\$180.00 Filing Fees	□\$185.00 Filing Fees.
(\$25 for Conversion	and Certificate of	and Certified Copy	Certified Copy, and
& \$125 for Articles	Status		Certificate of Status
of Organization)			

STREET ADDRESS:

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS:

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

Articles of Conversion For <u>"Other Business Entity"</u> 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: Providence Fiduciary Solutions, LLC (M08000003696)

(Enter Name of Other Bus	iness Entity)
2. The "Other Business Entity" is a limited liability com	ipany .
(Enter entity type. Ex	xample: corporation, limited partnership, ip, common law or business trust, etc.)
First organized, formed or incorporated under the law	s of
July 14, 2008 on	(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:

Providence Family Offices, LLC

(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 calendar days after the date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.) <u>Note:</u> 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.

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.

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Signed this <u>28th</u> day of <u>fune</u>	20_17;
<i>U</i> Signature of Authorized Representative of Limi	
Signature of Authorized Representative:	May_
Printed Name: Jill Creager	_ Title: Managing Director
Signature(s) on behalf of Other Business Entity:	See below for required signatu
Simpline Internation	
Signature:	Title: Managing Director
Signature: Printed Name:	Title
Signature: Printed Name:	
Printed Name:	
Signature: Printed Name:	
Printed Name:	Title:
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Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All otheres	
ATE OLDRENT	
<u>All others:</u> Signature of an authorized person.	
Signature of an authorized person.	
Signature of an authorized person. <u>Fees:</u> Articles of Conversion:	\$25.00
Signature of an authorized person. <u>Fees:</u>	\$25.00 \$125.00 \$30.00 (Optional)

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ARTICLES OF ORGANIZATION OF

PROVIDENCE FAMILY OFFICES, LLC

ARTICLE I-Name

The name of the limited liability company shall be Providence Family Offices, LLC.

ARTICLE II-Address

The street address of the principal office of the limited liability company is: 202 South Rome Avenue, Suite 150, Tampa, Florida 33606. The mailing address of the principal office of the limited liability company is: 202 South Rome Avenue, Suite 150, Tampa, Florida 33606.

ARTICLE III-Registered Agent

The name and the Florida street address for the registered agent of the limited liability company is: Jill N. Creager c/o Providence Family Offices, LLC, 202 South Rome Avenue, Suite 150, Tampa, Florida 33606.

ARTICLE IV-Management

The limited liability company formed upon the filing of these Articles of Organization shall be managed by a manager.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 25^{4} day of _______. 2017.

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Signature of a member or an authorized representative of a member

(In accordance with Section 605.0205(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jill N. Creager Typed or printed name of signee

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ACCEPTANCE OF DESIGNATION

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the duties, and the undersigned is familiar with and accepts the obligations of the position as registered agent as provided for in Chapter 605, Florida Statutes.

Jill N. Creager

c/o Providence Family Offices, LLC 202 South Rome Avenue, Suite 150 Tampa, FL 33606

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