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COVER LETTER

(Contact Person) Lutz, Bobo & Telfair, P.A. (Firm/Company) Two N. Tamiami Trail, Suite 500 (Address) Sarsasota, FL 34236 (City, State and Zip Code) jwhitney@lutzbobo.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Jonathan P. Whitney (Name of Contact Person) (Name of Contact Person) 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) S150.00 Filing Fees (S25 for Conversion and Certificate of and Certified Copy and Certificate of Status of Organization)	TO: New Filing Sect Division of Corp				
(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: Jonathan P. Whitney, Esq. (Contact Person) Lutz, Bobo & Telfair, P.A. (Firm/Company) Two N. Tamiami Trait, Suite 500 (Address) Sarsasota, FL 34236 (City, State and Zip Code) jobilitney@lutzbobo.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Jonathan P. Whitney (Name of Contact Person) 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) S150.00 Filing Fees S158.00 Filing Fees and Certificate of Status Certificate of Status Certificate of Status	SHRIFCT: Truvestment	s Capital, LLC			
Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: Jonathan P. Whitney, Esq. (Contact Person) Lutz, Bobo & Telfair, P.A. (Firm/Company) Two N. Tamiami Trail, Suite 500 (Address) Sarsasota, Fl. 34236 (City, State and Zip Code) jychitney@lutzbobo.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Jonathan P. Whitney (Name of Contact Person) (Name of Contact Person) 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) S180.00 Filing Fees and Certificate of Status Status Type S185.00 Filing Fees and Certificate of Status Certified Copy, and Certificate of Status	William Cit.		sulting Florida Limit	ed Con	npany)
Jonathan P, Whitney, Esq. (Contact Person) Lutz, Bobo & Telfair, P.A. (Firm/Company) Two N, Tamiami Trail, Suite 500 (Address) Sarsasota, FL 34236 (City, State and Zip Code) jechitney@Jutzbobo.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Jonathan P, Whitney (Name of Contact Person) (Name of Contact Person) Linclosed 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) S150.00 Filing Fees					
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Address) Sarsasota, Fl. 34236 (City. State and Zip Code) jwhitney@Intzbobo.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Jonathan P. Whitney (Name of Contact Person) (Name of Contact Person) (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) S150.00 Filing Fees and Certificate of Status of Organization) (S25 for Articles of Organization)	Lutz, Bobo & Telfair, P.A.				
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(City. State and Zip Code) jwhitney@lutzbobo.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Jonathan P. Whitney at (941 951-1800 (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) S150,00 Filing Fees S155,00 Filing Fees and Certified Copy (S25 for Conversion and Certificate of and Certified Copy and Certificate of Status of Organization)		(Address)			
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For further information concerning this matter, please call: Jonathan P. Whitney	jwhitney@lutzbobo.com				
Second Status Sta	E-mail Address: (to be u	sed for future annual re	port notifications)		
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dollars and drawn on a bank located in the United States) S150.00 Filing Fees	(Name of Contact I	Person)	(Area Code)	(Day	time Telephone Number)
(\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and & \$125 for Articles Status Certificate of Status of Organization)				rocess	sed by this office must be payable in US
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Tallahassee, FL 32301

Florida Limited Liability Company

Articles of Conversion For "Other Business Entity" Into

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.

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- 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.

_ Th	
Signed this 25 Th day of July	20 17
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: 2 Printed Name: Gregory Pacitti	Title: Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:	
Printed Name: Gregory Pacitti	Title: CEO
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
<u>If Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilion Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
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:	
Truvestments Capital, LLC	
(Must contain the words "Limited Liability	Compuny, "L.L.C.," or "L.L.C.")
ARTICLE II - Address:	incipal office of the Limited Liability Company is:
The matting address and street address of the pri	incipal office of the finited frability Company is:
Principal Office Address:	Mailing Address:
5391 Lakewood Ranch Blvd, N. Suite 302-303	5391 Lakewood Ranch Blvd., N. Suite 302-7
Sarasota, FL 34240	Sarasota, FL 34240
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The many and the Physich street address of the se	and the second manner of the second
The name and the Florida street address of the re	egistered agent are:
Jonathan P. Whitney, Esq.	
Name	
The North Translated That Colors	741.
Two North Tamiami Trail, Suite 5 Florida street address (P.O.	
riolida succi address (1.0).	Took itter acceptance
Sarașota	FL 34236
City	Zip
	accept service of process for the above stated limited this certificate. I hereby accept the appointment as
	ty. I further agree to comply with the provisions of all
	erformance of my duties, and I am familiar with and
accept the obligations of my position as reg	istered agent as provided for in Chapter 605, F.S.,
	/ _
Registered Agent's Signa	aune (REOUIRED)
/	/
/	

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Kaleb McCarty	
	5391 Lakewood Ranch Blvd. N.	, Suite 302-303
	Sarasota, F1, 34240	
MGR	Gregory Pacitti	
	5391 Lakewood Ranch Blvd, N.	. Suite 302-303
	Sarasota, FL 34240	
MGR	Michael Williams	
	5391 Lakewood Ranch Blvd. N.	. Suite 302-303
	Sarasota, FL 34240	2
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		$\frac{\omega}{\omega}$
(Use attachment if necessary)		PH 12: 3
CLE V: Effective date, if other than t		(OPTIONAL)
effective date is listed, the date mus 20 days after the date of filing.) If the date inserted in this block does not mee ant's effective date on the Department of Stat	t the applicable statutory filing requirem	•
CLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
\triangle		

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

Gregory Pacitti, as manager of Truvestments Asset Management, LLC, member

Typed or printed name of signee

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)