L17000220660

(Requestor's Name)	
(Address)	500303402
(Address)	000000-102
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	09/26/170106901 10/24/17010200
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	W17-7552
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Office Use Only



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COVER LETTER

TO: New Filing Sec Division of Cor				
SUBJECT: David	Christi 1 (Name of Resu	Weelth Manaliting Florida Limited Com	paly)	
			I fees are submitted to convert an "Occordance with s. 605,1045, F.S.	ther
Please return all corres	spondence concerning	this matter to:	;	
Steven Ri Attorney's J	Chardson (Contact Person)	Acros tos	PLLC	
177torney 5	(Firm/Company)	U LAA		
500 Winderle	Y Place Suit (Address)	e # 100		
Maitland	FL 32151 ty, State and Zip Code)			
Srichardson E-mail Address: (to be	used for future annual rep	port notifications)		
For further information	n concerning this mat	ter, please call:		
Steven R (Name of Contact	ichardson (Person)	at (321) 28 (Area Code) (Day	time Telephone Number)	
Enclosed is a check fo dollars and drawn on a			ed by this office must be payable in	US
	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	
STREET ADDRESS New Filing Section Division of Corporation		MAILING A New Filing S Division of C	ection	

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 21, 2017

STEVEN RICHARDSON 500 WINDERLEY PLACE STE 100 MAITLAND, FL 32751

SUBJECT: DAVID CHRISTI WEALTH MANAGEMENT, LLC

Ref. Number: W17000075527

We have received your document for DAVID CHRISTI WEALTH MANAGEMENT, LLC and check(s) totaling \$35.00 of which \$35.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$115.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You submitted the wrong type of document, proper forms enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist III

Letter Number: 417A00019136

Articles of Conversion

For

FILED

17 OCT 24 AM IO: 36

"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.

Statutes.	
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is David Christi Wealth Management, IMC. (Enter Name of Other Business Entity)	S :
2. The "Other Business Entity" is a Corporation limited partnership, general partnership, common law or business trus	ı. etc.
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)	
on 1/15/2008 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organizat	ion:
David Christi Wealth Management, LLC. (Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: 9/18/2017. (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days a the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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.

Signed this 19 day of October 20 17 Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: Januar Printed Name: David P. Batman Title: CE Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature: Palmer Pittle: CEO Title: CEO Signature: ______ Title: ______ Signature: ______ Title: ______ Signature: ______ Title: ______ If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person. Fees: Articles of Conversion: S25.00 Fees for Florida Articles of Organization: \$125.00 \$30.00 (Optional) Certified Copy: \$5.00 (Optional) Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

3706 Peactul Valley Drive Some	
Clermont, FL 34711 P.O BOX 997	
Minneola, FL 34755	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (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:	
David P Batman	
· ·	
3706 Peacful Walley Dr	
Florida street address (P.O. Box NOT acceptable)	
Clarmont FI 34711	
Clermont FL 34711 City Zip	
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provision statutes relating to the proper and complete performance of my duties, and I am familiar was accept the obligations of my position as registered agent as provided for in Chapter 605,	ent as ens of all ith and
Registered Agent's Signature (REQUIRED)	
(CONTINUED)	1

ARTICLE IV-