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



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SEGRETARY OF STATE
FALLAHASSEE, FLORIDA

DEC 12 2017
T SCHROEDER

COVER LETTER

TO: New Filin Division o	g Section of Corporations
SUBJECT:	(Name of Resulting Florida Limited Company)
	icles of Conversion, Articles of Organization, and fees are submitted to convert an "Othcinto a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all c	correspondence concerning this matter to:
Seg. Sega	STIAN (EFND (PA CAM) (Contact Person) STIAN (EFND INC (Firm/Company)
1369 - West	(Firm/Company) SCACALISS AVE (Address) (City, State and Zip Code) (City, State and Zip Code)
E-mail Address	(to be used for future annual report notifications)
	nation concerning this matter, please call: (AN SEND at (SED) (Oly 1) (SED) (Daytime Telephone Number)
	ck for the following amount: (All checks processed by this office must be payable in US on a bank located in the United States)
\$150,00 Filing be (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status Status S180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDR New Filing Sector Division of Corporation Clifton Building 2661 Executive C Circle Tallahass	on New Filing Section orations Division of Corporations P. O. Box 6327 Tenter Tallahassee, FL 32314

INHS11 (2/17)

32301

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" immediately prior to the filing of the Articles of Conversion is: ROTELOGY & ASSICTATES FUNDAMENDE (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Husiness Entity" is a
general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of FLOAIDA
on OS/23 2003 (Enter state, or if a non-U.S. entity, the name of the country) (date of organization, formation or incorporation)
(date of organization) formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: OTHNOCK ASS CIATES FINANCIAL, 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: \(\sigma \frac{3}{14/17}\). (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 calendar days
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.)
Note: 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 605,1064-605,1072, F.S.

Signed this day	of DECEMBEA	_20
Signature of Authorized		
Signature of Authorized R Printed Name: (1, a G) N	epresentative:	irena Holdersk
		 See below for required signature(s)
- VI lina	an ID	- D ,
Printed Name: Vinche	un Ritinge	Title:
Signature:Printed Name:		_ Title:
.		Title:
Printed Name:		Title:
Signature:Printed Name:		_ Title:
Signature:		
Printed Name:		Title:
If Florida Corporation: Signature of Charman, Vic If Directors or Officers hav		
If Florida General Partne Signature of one General Pa		y Partnershi <u>p:</u>
If Florida Limited Partne Signatures of Al L General		v Limited Partnership:
All others: Signature of an authorized	person.	
Fees:		
	sion: rticles of Organization:	\$25.00 \$125.00
Certified Copy: Certificate of Statt	18:	\$30.00 (Optional) \$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	CLE 1 - Name; me of the Limited Liability Company is:
ine ni	- Limited Liability Company is:
	Must contain the words "Limited Liability Company, "L.L.C.," or "ELC.")
	(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTI The m	CLE II - Address: ailing address and street address of the principal office of the Limited Liability Company is:
Princ	pal Office Address: Mailing Address:
?(≺ 5:: W.	COLUMBIA FOR SULL STEELDY STRAIM BEACH, FL 35401 WEST PALM BEACH, FL 35401
ARTI (The Li)	CLE 111 - Registered Agent, Registered Office, & Registered Agent's Signature: nited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another s entity with an active Florida registration.)
The n	ame and the Florida street address of the registered agent are:
	Name Name CONCALESS AVE Florida street address (P.O. Box NOT acceptable)
	Name AA
	Name AHASSE AVE Florida street address (P.O. Box NOT acceptable) City Zip PRESTAL Florida Street Address (P.O. Box NOT acceptable) Zip
	Florida street address (P.O. Box NOT acceptable)
	City Zip PAR
	City Zip
regi st	ving been named as registered agent and to accept service of process for the above mailed limited iability company at the place designated in this certificate. I hereby accept the appointment as stered agent and agree to act in this capocity. I further agree to comply with the provisions of all autes relating to the proper and simple 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)

Title:	Name and Address:
"AMBR" = Authorized Member	Same and Addition.
"MGR" = Manager	•
AMPA	YINGINIA KETAROLY
	MARGINER RETEROCK TO NEATH ENXCOMENTE BRIDE HAPOLUNG FL 33462
	HAPOLUSO, FL 33462
1	
	SEGRETAR ALLIAMASS
	<u> </u>
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(Use attachment if necessary) CLE V: Effective date, if other than effective date is listed, the date m	n the date of filing:
TLE V: Effective date, if other that effective date is listed, the date moor 90 calendar days after the date.	ust be specific and cannot be more than five business days te of filing.) eet the applicable statutory filing requirements, this date will not be listed a
CLE V: Effective date, if other than effective date is listed, the date moor 90 calendar days after the date the date in this block does not me	ust be specific and cannot be more than five business days te of filing.) eet the applicable statutory filing requirements, this date will not be listed a
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CLE V: Effective date, if other than effective date is listed, the date moor 90 calendar days after the dat the date inserted in this block does not mout's effective date on the Department of State VI: Other provisions, if any. REQUIRED SIGNATURE:	ust be specific and cannot be more than five business days to of filing.) eet the applicable statutory filing requirements, this date will not be listed ate's records.
CLE 1: Effective date, if other than effective date is listed, the date m o or 90 calendar days after the date the date inserted in this block does not must's effective date on the Department of State II: Other provisions, if any. REQUIRED SIGNATURE:	ust be specific and cannot be more than five business days te of filing.) eet the applicable statutory filing requirements, this date will not be listed ate's records.
CLE 1: Effective date, if other than effective date is listed, the date moor 90 calendar days after the date the date inserted in this block does not must's effective date on the Department of Successive date of a prenticular day of the decument is executed I am aware that any dase in:	ust be specific and cannot be more than five business days te of filing.) eet the applicable statutory filing requirements, this date will not be listed ate's records.
CLE 1: Effective date, if other than effective date is listed, the date moor 90 calendar days after the date the date inserted in this block does not ment's effective date on the Department of State 1: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment of the department is executed I am aware that any take interesting the constitutes a third degree fellows.	ust be specific and cannot be more than five business days to of filing.) eet the applicable statutory filing requirements, this date will not be listed ate's records. There or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State