

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: PLIG LLC
	Name of Florida Limited Liability Company
	nclosed Articles of Conversion and fee(s) are submitted to convert a Florida ed Liability Company" into an "Other Business Entity" in accordance with

s.605.1045, F.S.

Please return all correspondence concerning this matter to:

	1	Q		
Bryan Hale				63
	Contact Person)
Goforth Hale LLC				
	Firm/Company			5
2226 1st Ave. South, Ut	nit 105			75
	Address			ά
Birmingham, AL 35233	}			9
	City, State and Zip Code			
bhale@ghattorney.com				
E-mail address: (to	be used for future annual	report notification)		
For further informat	ion concerning this ma	nter, please call:		
Bryan Hale		at (²⁰⁵) ⁴⁰³	-5896	
Name of Contact Person		Area Code and Daytime Telephone Number		
Enclosed is a check	for the following amo	unt:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee and Certificate of Status	□\$55.00 Filing Fee and Certified Copy	■ \$60.00 Filing Fee, Certified Copy, and Certificate of Status	
Mailing Address:		Street Addr		
Registration Section Division of Corpora		Registration Section Division of Corporations		
P.O. Box 6327	110113	The Centre of Tallahassee		
Tallahassee, FL 323	14	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

CR2E106 (05/17)

Articles of Conversion

For

Florida Limited Liability Company

Into

"Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:
PLIG LLC
Enter Name of Florida Limited Liability Company
2. The name of the "Converted or Other Business Entity" is:
Priority Life Insurance Agency, LLC
Enter Name of "Converted or Other Business Entity"
3. The "Converted or Other Business Entity" is a limited liability company (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law business trust, etc.)
organized, formed or incorporated under the laws of Delaware (Enter state, or if a non-U.S. entity, the name of the country)
The formation document is attached (if applicable).
4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.
5. This conversion shall be effective in Florida on: The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date

- 6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":
 - a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address:	3839 Boca	3839 Boca Raton Blvd., Suite 200		
	Boca Rato	Boca Raton, FL 33431		
Mailing Address:	3839 Boca	3839 Boca Raton Blvd., Suite 200		
Č	Boca Rato	n, FL 33431		
	the amount t	siness Entity" has agreed to pa o which such members are ent	•	
Signed this 3rd	d	ay of	, 20 ²⁰	
Signature:	Mus	t be signed by a Member or Authorized	Representative	
Printed Name: Ni			•	
	Copy: of Status:	\$25.00 \$30.00 (Optional) \$5.00 (Optional)		

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT
COPIES OF ALL DOCUMENTS ON FILE OF "PRIORITY LIFE INSURANCE
AGENCY, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF CONVERSION, FILED THE SECOND DAY OF DECEMBER,

A.D. 2020, AT 3:28 O'CLOCK P.M.

CERTIFICATE OF FORMATION, FILED THE SECOND DAY OF DECEMBER,
A.D. 2020, AT 3:28 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "PRIORITY LIFE INSURANCE

AGENCY, LLC".



Authentication: 204256929

Date: 12-08-20

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:28 PM 12/02/2020
FILED 03:28 PM 12/02/2020
SR 20208539604 - File Number 4311167

STATE OF DELAWARE CERTIFICATE OF CONVERSION FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO SECTION 18-214 OF THE LIMITED LIABILITY COMPANY ACT

1.)	The jurisdiction where the Non-Delaware Limited Liability Company first formed is Florida
2.)	The jurisdiction immediately prior to filing this Certificate is Florida
3.)	The date the Non-Delaware Limited Liability Company first formed is 11/17/17
4.) 7	The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is PLIG LLC
5.) 7 F	The name of the Limited Liability Company as set forth in the Certificate of Formation is Priority Life Insurance Agency, LLC
IN W 2	VITNESS WHEREOF, the undersigned have executed this Certificate on theday of December, A.D. 2020
	By: Bujan Hale Authorized Person
	Name: Bryan Hale
	Print or Type

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:28 PM 12/02/2020
FILED 03:28 PM 12/02/2020
SR 20208539604 - File Number 4311167

STATE OF DELAWARE CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability	y company is Priority Life Insurance	Agency, LLC
2. The Registered Office of the lin located at 2140 S Dupont Highway in the City of Camden	nited liability company in the State	(street),
	, Zip Code 19934	The
name of the Registered Agent at such a liability company may be served is Par	ddress upon whom process against	this limited
The second section is the section is	accip incorporated	
		·
	By: Byantale Authorized Person	
	// Authorized Perso	n
N	ame: Bryan Hale	
	Print or Type	

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PRIORITY LIFE INSURANCE AGENCY, LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRIORITY LIFE INSURANCE AGENCY, LLC" WAS FORMED ON THE SECOND DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

at corp delaware gov/auti

Authentication: 204256825

Date: 12-08-20