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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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T SCHROEDER

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 980658 5159894 AUTHORIZATION : COST LIMIT : \$ 150.00 ORDER DATE: December 26, 2017 ORDER TIME : 10:09 AM ORDER NO. : 980658-015 CUSTOMER NO: 5159894 DOMESTIC FILING NAME: MARQUARDT ASSOCIATES LLC EFFECTIVE DATE: _ ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
XX PLAIN STAMPED COPY

___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Ryan Thomas - EXT. 63657

Articles of Conversion

For

"Other Business Entity"

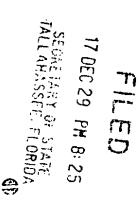
Into

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: MARQUARDT ASSOCIATES LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
October 20, 2009 On
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
MARQUARDT ASSOCIATES LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: [The effective date: 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.) 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 605.1061-605.1072, F.S.



Signed this 14th day of December	20_17			
Signature of Authorized Representative of Dimite	d Liability Company:			
Signature of Authorized Representative:	Title: Mapager			
Signature (\$106 behalf of Other Business Entity: S	ce below for required signature(s)			
Signature: Printed Name: John J. Shalaun	Title: Manager			
Signature:Printed Name:	Title:			
Signature: Printed Name:				
Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:	•		
Signature:Printed Name:	Title:	-		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Clf Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability	Officer. orporator must sign.			
Signature of one General Partner.		7		
If Florida Limited Partnership or Limited Liabilit Signatures of ALL. General Partners.	y Limited Partnership:	48.11. 38038	17 DE	****
All others: Signature of an authorized person.		AKY 5	C 29 F	<u></u>
Fees:		7.7	PH 8:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	A A A	: 25	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compan	y is:	
MARQUARDT ASSOCIATES LLC		
	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Lia	ibility Company is:
Principal Office Address:	Mailing Address:	
2275 S. Ocean Blvd., #108N	2275 S. Ocean Blvd., #108N	
Palm Beach, FL 33480	Palm Beach, FL 33480	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of John J. Shalam	Registered Agent. You must designate an individ	Signature: dual or another 17 DEC 2
	Name	SS 30 1
2275 S. Ocean Blvd., #108 Florida street address	(P.O. Box <u>NOT</u> acceptable)	PM 8: 25 OF STATE
Palm Beach	FL 33480	A A
City	Zip	.

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, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete 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 Agout's Signature (REQUIRED)

(CONTINUED)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV-