L1800000606

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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18 JAN -8 PH 1:37
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

JAN 09 2018 T SCHROEDER

COVER LETTER

TO: New Filing S Division of C				
SUBJECT: Lion Gro	oup, LLC			
	(Name of Res	sulting Florida Limite	ed Com	pany)
				I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corr	respondence concerning	g this matter to:		
Regina Rabitaille, Esq.				
<u> </u>	(Contact Person)			
Broad and Cassel LLP				
	(Firm/Company)	,		
390 N. Orange Ave., Ste	2. 1400			
	(Address)			
Orlando, Florida 32801-	-1609			
(City, State and Zip Code)			
rrabitaille@broadandca	ssel.com			
E-mail Address: (to	be used for future annual re	port notifications)		
For further informat	ion concerning this ma	tter, please call:		
Regina Rabitaille, Esq.		at (839-4	209
(Name of Cont	act Person)	(Area Code)	(Dayı	time Telephone Number)
	for the following amount a bank located in the		rocess	ed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	6S:	MAILI	NG A	DDRESS:
New Filing Section		New Fi		
Division of Corpora	tions	Divisio: P. O. Be		orporations
Clifton Building 2661 Executive Cen	ter Circle			7L 32314
Tallahassee, FL 323		· andia		

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.

The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(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 Texas (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
7/12/2012 on
On
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Win Group Investments, WC
(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.

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SECRLIARY OF STATES
FALLAHASSEE, FLORIDA

Signed	this 3 day of December	2017
<u>Signat</u>	ure of Authorized Representative of Limi	ted Liability Company:
· ·	ure of Authorized Representative:	· ·······
Signati	ure of Authorized Representative:	Tisles Manager
Printed	Name: Louis Withey	Title: Manager
Cianat	unate) on bahalf of Other Business Entire	(San halom for manipul signature (a))
	ure(s) on behalf of Other Business Entity:	-
Sionati	ire: Sidio Withy	
Printed	Name: Louis Withey	Title: Manager
Timed	tane.	THE THE
Signati	ure:	
Printed	Name:	Title:
Signate	ire:	
Printed	l Name:	Title:
Signati	ure:	
Printed	Name:	Title:
Signati	ıre:	
Printed	Name:	Title:
Signati	ure:	
Printed	Name:	Title:
	ida Corporation:	
Signati	are of Chairman, Vice Chairman, Director, or	Officer.
If Dire	ctors or Officers have not been selected, an In-	corporator must sign.
	<u>ida General Partnership or Limited Liabili</u>	ty Partnership:
Signatt	are of one General Partner.	
	<u>ida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signati	ares of ALL General Partners.	
Ali oth		
Signati	ire of an authorized person.	
Fees:		
		70. 0.0
	Articles of Conversion:	\$25.00
	Fees for Florida Articles of Organization:	\$125.00
	Certified Copy:	\$30.00 (Optional)
	Certificate of Status:	\$5.00 (Optional)

FILED

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SEGRETARY OF STATES
TALLAHASSEE, FLORIDA

35

	mited Liability Compar	iy is.	
MON Group In	restments, uc	liability Company, "L.L.C.," or "LLC	
(Mus	st contain the words "Limited t	aubility Company, "L.L.C., for "LLC	40)
ARTICLE II - Ad The mailing addres		he principal office of the Li	mited Liability Company is:
Principal Office A	ddress:	Mailing Address:	
8613 Brixford Road		8613 Brixford Road	
Orlando, Florida 32836	5	Oriando, Florida 32836	
The Limited Liability Co business entity with an o	mpany cannot serve as its own ctive Florida registration.)	tered Office, & Registered Registered Agent. You must designate the registered agent are:	Agent's Signature: ste an individual or another
	Laurie Withou		
	Louis Withey	Name	_
	8613 Brixford Road	(0.0 B. MOTELLA	
	Florida street address	(P.O. Box NOT acceptable)
	Orlando	FL 32836	
	City	Zip	
liability compo registered agent o statutes relating	any at the place designand agree to act in this control to the proper and compigations of my position of the following the state of the	ted in this certificate, I hereb capacity. I further agree to c	omply with the provisions of all es, and I am familiar with and
	(CON	(TINUED)	FILED 18 JAN -8 PM I SECRLIARY OF ST TALLAHASSEE, FLO

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	Louis Withey	
	8613 Brixford Road	
	Orlando, Florida 32836	
		
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(Use attachment if necessary)	Me	-8 PH
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ARTICLE V: Other provisions, if any.	ORI	PM 1: 37
reterior vi omer provisione: it any.	<u>මැති</u>	7
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<u>REQUIRED</u> SIGNAȚ <i>Ų</i> RE:		
(7)		
(/ (die little		
	an authorized representative of a member	
This document is executed in accordance	e with section 605.0203 (1) (b). Florida Statutes. I am aware ti	nat
any false information submitted in a docu	iment to the Department of State constitutes a third degree felo	ony
as provided for in s.817.155, F.S.	-	
1 11/1/2		
Louis Withey		
Ту	yped or printed name of signee	
	Filter France	

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)