18000027671

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
	Office Use Only



01/22/18--01014--008 **150.00



FEB 01 2018 T SCHROEDER

COVER LETTER

TO: New Filing Section Division of Corporations

INHS11 (7/17)

SUBJECT: ______

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concern	ing this matter to:	
Charlee L. Miska		
(Contact Person)		
Peek & Associates		
(Firm/Company)		
200 E. Forsyth Street		
(Address)	·	
Jacksonville, Florida 32202		
(City, State and Zip Code)	
emiska@peekassociates.com		
E-mail Address: (to be used for future annual	report notifications)	
For further information concerning this n	natter, please call:	
Charlee Miska	at (<u>904</u>) <u>596-</u>	8524
(Name of Contact Person)	(Area Code) (Day	time Telephone Number)
Enclosed is a check for the following amodulars and drawn on a bank located in the	· ·	sed by this office must be payable in US
 \$150.00 Filing Fees \$155.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certificate of Status 	and Certified Copy	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING A	
New Filing Section	New Filing S	
Division of Corporations Clifton Building	Division of C P. O. Box 63	
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee,	

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 same of the weather Device and Factor " large effective million of the African Architector of Conservation in
 The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: GNOSIS Management Group LLC
(Enter Name of Other Business Entity)
2. The excel state to the second limited liability company
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
10/28/2008
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
GNOSIS Management Group 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 emitted under ss. 605.1006 and 605.1061 605.1072, F.S.



Signed this 315t day of Decembe	K 20 17
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative:	Vitte: Manager
Signature(s) on behalf of Other Business Latity	[See below for required signaturets)]
Signature. Printed Name Aaron F. Zuhn	
Signature: Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer.
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ity Limited Partnership:
All others: Signature of an authorized person.	C ORIDA
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

FILED 18 JAN 30 AM 8: 52

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GNOSIS Management Group LLC

(Must contain the words "I anned Liability Company, "I L.C." or "LLC")

ARTICLE II - Address:

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

<u>Mailing Address:</u>		
.ang		
h. FL 32240		

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:

J. Jacob R. Peek, P.A.				18	
	Name			JAH	· T
200 E. Forsyth St			57 200	JAH 30	- 100 BALIN - 13 BALIN - 13 BALIN
Florida street address	(P.O. Box <u>NO</u>	T acceptable}		ΑН	T
Jacksonville	FL	32202	3 IAT	ç	
City		Zip		52	

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. Thereby accept the appointment as registered agent and agree to act in this capacity. Thirther agree to comply with the provisions of all statutes relating to the proper and complete projormance of my duties, and I am familiar with and accept the obligations of my position as reastered gent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

. .

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

•

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
MGR	Aaron F. Zhim		<u> </u>
			.
			<u> </u>
		<u> </u>	
	····		
+= #			
			JAN F
(Use attachment if necessary)		ASS ASS	H 30
		ئۇرى >-دى	AH
LF V: Other provisions, if any.		510 15 10	÷ ق
			52
		elit?	·····
REQUIRED SIGNATURE			
Signature of a distance of a This document is executed in accordance w any false information submitted in a docume as provided for in s.817.155, F.S.	th section 605 00027 to doubt sta		e that lelony
	Aaron F. Zahn		
Турс	f or printed name of signee		
S125.00 Filing Fee for Articles of	<u>Filing Fees</u> Organization and Designat	ion of Registered	Auont
S 30.00 Certified Copy (Optional	S 5.00 Certificate	of Status (Optic	mal)