# L18000033429

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ĉi	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

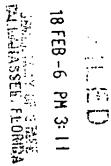
Office Use Only

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02/08/18--01006--011 \*\*150.00



### **Articles of Conversion**

For

# "Other Business Entity"

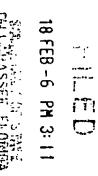
Into

### Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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:  Next Level Administrators Holdings. Inc.  P 1500077569
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation
(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)
09/17/2015
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Sunz Insurance Services, 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 \ \ day of February	_ 20 <u>\8</u>
Signature of Authorized Depresentative of Limi	ted Liability Company
Signature of Authorized Representative: Printed Name: Steven F. Herrig	Title: Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Printed Name: Steven F. Herrig	
Printed Name: Steven F. Herrig	Title: President
Signature:	av I
Printed Name:	Little:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	Tal
Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or 0	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	<del>.</del>
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na		is:	EIT COM ACT
Sunz Insurance Servic		bility Company, "L.L.C.," or "L.L.C.")	<del></del> -
ARTICLE II - Ac		e principal office of the Limited	Liability Company is:
Principal Office A	Address:	Mailing Address:	
1301 6th Avenue We	st	1301 6th Avenue West	
Bradenton, FL 34205		Bradenton, FL 34205	<del></del>
	Corporation Service Compan N	ame	
	1201 Hays Street		
	Florida street address (	P.O. Box <u>NOT</u> acceptable)	
	Tallahassec	FL 32301	
	City	Zip	
liability com registered agen statutes relatir	pany at the place designate and agree to act in this can agree to act in this can agree to the proper and completely bligations of my position as Registered Agent's	nd to accept service of process for din this certificate, I hereby acceptacity. I further agree to complete performance of my duties, and registered agent as provided for Signature (REQUIRED) istant Vice President	cept the appointment as ly with the provisions of all nd I am familiar with and
	(CON	TINUED)	18

18 FEB -6 PM 3: 11

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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	Steven F. Herrig		
	1301 6th Avenue West Bradenton, FL 34205		
	<u></u> <u>#</u> £;_		
	S. C.		
(Use attachment if necessary)	開始 😎		
•	PA 3:		
CLE V: Other provisions, if any.	हार -		
· · · · · · · · · · · · · · · · · · ·			
	/		
REQUIREDSIGNATURE;			
Marken /			
Signature of a member or	an authorized representative of a member		
This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am aware that		
any false information submitted in a docu as provided for in s.817.155, F.S.	iment to the Department of State constitutes a third degree felony		
as provided for in s.677.122.17.5.			
Steven F. Herrig			
Tv	ped or printed name of signee		
•	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)