(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:	7
1318-32654	

Office Use Only



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04/16/18--01018--001 **45.00

04/02/18--01032--008 **105.00

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COVER LETTER

Division of C	Corporations			
SUBJECT: P410 Gro	oup LLC			
SOMECT.	(Name of Re	sulting Florida Limite	d Cor	npany)
				nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
Peter H, Kruse				
	(Contact Person)			
P410 Group LLC				
	(Firm/Company)			
965 Registry Blvd., Suite	211			
	(Address)			
St. Augustine, FL 32092				
(1	City, State and Zip Code)			
pkruse@p410group.com				
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Peter H. Kruse		at (⁸¹⁵	762-9	7724
(Name of Conta	ict Person)		(Day	time Telephone Number)
	for the following amou a bank located in the		rocess	sed 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	S180.00 Filing land Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:			ADDRESS:
New Filing Section Division of Corporat	ioma	New Fil	_	
program of Colbotat	ions	DIVISIO	i oi C	Corporations

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

TO: New Filing Section

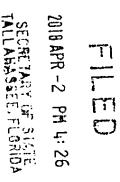
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Articles of Conversion For

"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: P410 Group LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of [Hinois (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)
October 29, 2016 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
P410 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 entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 6th	day of April	20 <u>_18</u>	
Signature of Auth	orized Representative of Lim	ited Liability Company:	
Ciamanana a C A anth-	orized Representative:	t. H. Kum	
Signature of Author	orized Representative: P.20	Title President	
Printed Name: Feter	H. Kluse	Title: President	_
Signature(s) on be	half of Other Business Entity:	[See below for required signature(s)]	
Signature:	etu H. Kun		
Printed Name: Peter	II. Kruse	Title: President	_
Signature:			
Printed Name:		Title:	_
Signature:			
Printed Name:		Title:	
Signature:		Title:	—
Printed Name:		Title:	—
Cionaturo:			
Printed Name:		Title:	
i ilited Name.		Title	_
Signature:	·····		
Printed Name:		Title:	_
 			_
If Florida Corpora	ition:		
Signature of Chairm	nan, Vice Chairman, Director, or	Officer.	
If Directors or Office	ers have not been selected, an Ir	corporator must sign.	
	Partnership or Limited Liabil	ty Partnership:	
Signature of one Ge	neral Partner.		
TERRICAL ENGLA			
	Partnership or Limited Liabili	ty Limited Partnership:	
Signatures of ALL	General Farthers.		
All others:			
Signature of an auth	orized nerson		
	person.		
Fees:			
Articles of t	Conversion:	\$25.00	
	orida Articles of Organization:	\$125.00	
Certified Co	•	\$30.00 (Optional)	
Certificate of	. •	\$5.00 (Optional)	
		TT.TO (Opinonal)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

P410 Group LLC.			
(M)	ust contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ac	ddress:		
The mailing addre	ss and street address of	the principal office of the Limited Liability	y Company is:
Principal Office A	Address:	Mailing Address:	
965 Registry Blvd, Su	nite 211	965 Registry Blvd., Suite 211	
St. Augustine, FL 320		St. Augustine, FL 32092	_
		stered Office, & Registered Agent's Sign	
The Limited Liability C business entity with an	ompany cannot serve as its ow active Florida registration.)	stered Office, & Registered Agent's Sign n Registered Agent. You must designate an individual or f the registered agent are:	
The Limited Liability C business entity with an	ompany cannot serve as its ow active Florida registration.)	n Registered Agent. You must designate an individual or	
The Limited Liability C business entity with an	Company cannot serve as its ow active Florida registration.) Florida street address o	n Registered Agent. You must designate an individual or	
The Limited Liability C business entity with an	Company cannot serve as its ow active Florida registration.) Florida street address o Peter H. Kruse	f the registered agent are: Name	
The Limited Liability C business entity with an	ompany cannot serve as its ow active Florida registration.) Florida street address o Peter H. Kruse 965 Registry Blvd., Suite	f the registered agent are: Name	
The Limited Liability C business entity with an	ompany cannot serve as its ow active Florida registration.) Florida street address o Peter H. Kruse 965 Registry Blvd., Suite	n Registered Agent. You must designate an individual or f the registered agent are: Name	
The Limited Liability C business entity with an	ompany cannot serve as its ow active Florida registration.) Florida street address of Peter H. Kruse 965 Registry Blvd., Suite for Florida street address	n Registered Agent. You must designate an individual or f the registered agent are: Name 211 s (P.O. Box NOT acceptable)	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Dutan II Varia
MGR	Peter H. Kruse
	965 Registry Blvd., Suite 211
	St. Augustine, FL 32092
AMBR	Angela Kruse
	965 Registry Blvd., Suite 211
	St. Augustine, FL 32092
	
(Use attachment if necessary)	
TEV. Other provisions if any	
CLE V: Other provisions, if any.	
	- 48
REQUIRED SIGNATURE: //	
17	in H. Kusa
/u	wH. fuse
This document is executed in accordan	or an authorized representative of a member ace with section 605.0203 (1) (b), Florida Statutes. I am aware the cument to the Department of State constitutes a third degree felo
Peter H. Kruse	
T	Typed 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)