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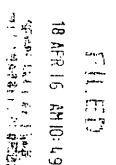
(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to Fi	iling Officer:	

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### **COVER LETTER**

Division of Corporations		
SUBJECT: Capital Guardian Holding, LLC		
	lting Florida Limite	d Company)
The enclosed Articles of Conversion, Article Business Entity" into a "Florida Limited Lia	_	on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	this matter to:	
Gregory P Hogan		
(Contact Person)	•	
(Firm/Company)		
90 Alton Rd, #3012		
(Address)		
Miami Beach, Fl.		
(City, State and Zip Code)		
HoganGP@Gmail.com	<del></del>	
E-mail Address: (to be used for future annual repo	ort notifications)	
For further information concerning this matt	er. please call:	
Gregory P Hogan	_at ()	729 4423
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amoun dollars and drawn on a bank located in the U		rocessed 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 I and Certified Copy	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Registra Divisior P. O. Bo	NG ADDRESS: ation Section a of Corporations ox 6327 ssee, FL 32314

## 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.

- 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 /k day of March	20_ <i></i>	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative:  Printed Name: Gregory P Hogan		
Printed Name: Gregory P Hogan	Title: Exec MD, MGR, Board Member	
1		_
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
. K 1 1 /		
Signature: P. House		<b></b>
Printed Name: Gregory P Hogan	Title: Exec MD, MGR, Board Member	_
Signature:		
Signature:Printed Name:	_ Title:	_
Signature:Printed Name:	· · · · · · · · · · · · · · · · · · ·	_
Printed Name:	Title:	-
Signature:		
Printed Name:	Title:	_
Signature: Printed Name:		
Printed Name:	Title:	_
Signature:		
Printed Name:	Title:	_
		_
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or		
If Directors or Officers have not been selected, an Inc	corporator must sign.	
If Florida General Partnership or Limited Liabili	ty Partnershin:	
Signature of one General Partner.	<u> </u>	
If Florida Limited Partnership or Limited Liability	tv Limited Partnership:	
Signatures of <u>ALL</u> General Partners.		
All others:		
Signature of an authorized person.		
Fees:		
Articles of Conversion:	\$25.00	31
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy:	\$30.00 (Optional)	11.17 tm 18. m
Certificate of Status:	\$5.00 (Optional)	ा ≜ रहे जिल
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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Capital Guardian Holding, LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1395 Brickell Ave	1395 Brickell Ave
Suite 1500	Suite 1500
Miami, FL 33131	Miami, FL 33131
The name and the Florida street address of the red  Justin P. Lowe  Name	
Florida street address (P.O.	Box NOT acceptable)
Miami	FL 33131
City	Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	The same of the sa
Page 1 of	UED)

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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 Mer	nber
"MGR" = Manager	
MGR	Justin P Lowe
	1395 Brickell Ave, Suite 1500
	Miami, FL 33131
MGR	Gregory P Hogan
	1395 Brickell Ave. Suite 1500
	Miami, FL 33131
	The second secon
	12. E
	146 (1) V
(Use attachment if necessary	y)
or 90 days after the date of filing	s not meet the applicable statutory filing requirements, this date will not be listed as int of State's records.
REQUIRED SIGNATURE	Ken -
This document is exe I am aware that any f	a member of an authorized representative of a member. Ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. Take information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
Gregory P Hogs	
0.04.00	an

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)
Page 2 of 2