118000091968

(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:			
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Office Use Only



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APR 17 2018 T SCHROEDER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: GROVE WEALTH MANAGER	MENT, LLC	
	me of Resulting Florida	Limited Company)
The enclosed Certificate of Conversion, Business Entity" into a "Florida Limited		ation, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concern	ning this matter to:	
Cheyenne Moseley		
(Contact Person)		
LegalZoom.com, Inc.		
(Firm/Company)		
101 N. Brand Blvd., 11th Floor		
(Address)		
Glendale, CA 91203		
(City, State and Zip Cod	le)	
orlando.sthory@winestico.com		
E-mail Address: (to be used for future annua	al report notifications)	
For further information concerning this	matter, please call:	
Cheyenne Moseley	at (323	962-8600 ext 9724
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following an	nount:	
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fee and Certificate of Status	es S180.00 Filing I and Certified Copy	<u>~</u>
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registra Division P. O. Bo	NG ADDRESS: tion Section of Corporations ox 6327 usee, FL 32314

Tallahassee, FL 32301

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate 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 Busin GROVE	ness Entity" immediately prior to the filing of this Certificate of Conversion is:
	Enter Name of Other Business Entity)
2. The "Other Business Entity"	is a
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorp	porated under the laws of FL
09/15/2015 on	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or	incorporation)
3. The name of the Florida Limi	ited Liability Company as set forth in the attached Articles of Organization:
GROVE WEALTH MANAGEMENT	LIC
(Enter Na	une of Florida Limited Liability Company)
(The effective date: 1) cannot date this document is filed by t	filing, enter the effective date: be prior to date of receipt or filed date nor more than 90 days after the the Florida Department of State; AND 2) must be the same as the effective cles of Organization, if an effective date is listed therein.)
	een approved in accordance with ss. 605.1041-605.1046.

Page 1 of 2

	. P	
Signed this 14 day of MARCH	_20	
Signature of Authorized Representative of Limi	ted Liability Company:	
) la al Mara L	
Signature of Authorized Representative:	Nation June	
Printed Name: ORLANDO J STHORY	Title: MEMBER	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).]	
Signature:		
Printed Name: EDGAB MAVA	Title: PRESIDENT, DIRECTOR	
Trimed (value = 500)	Title: Titesiseri, sinesisti	
Signature:	<u>ئنے</u>	
Printed Name: ORLANDO J STHORY	Title: TREASURER, SECRETARY, DIRECTOR	
Signature:	mist	•
Printed Name:	Inte:	,
Signature:		
Signature:Printed Name:	Title:	_
Signature:Printed Name:		
Printed Name:	Title:	•
Signature:		
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	tv Partnershin	
Signature of one General Partner.	ty i arthership.	
If Florida Limited Partnership or Limited Liability	y Limited Partnership:	
Signatures of <u>ALL</u> General Partners.		
All others:		
Signature of an authorized person.		
•		
Fees:		,74
And Inc. CC.	637.00	÷. 🔑
Articles of Conversion:	\$25.00	· 'e.
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy:	\$30.00 (Optional)	7 to
Certificate of Status:	\$5.00 (Optional)	

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Co	mpany is:
· · · · · · · · · · · · · · · · · · ·	ALTH MANAGEMENT, LLC
(Must end with the words "L	.imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ss of the principal office of the Limited Liability Company is:
-	
Principal Office Address:	Mailing Address:
175 SW 7TH ST SUITE 1815	175 SW 7TH ST SUITE 1815
MIAMI, FL 33130	MIAMI, FL 33130
	Registered Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or another
business entity with an active Florida registration	n.)
The name and the Florida street addre	ess of the registered agent are:
The same and the Property of the same additional same and the same additional same and the same additional sam	of the registered agent are.
ORLANDO J STH	HORY
	Name
3390 MARY ST. 1	16
	dress (P.O. Box NOT acceptable)
Tional street da	areas (1.0. Box <u>Pro-1</u> acceptable)
MIAMI	FL 33133
Cit	ty Zip
Having hear named as registered a	good and to appear a major of a control for the character of the
	gent and to accept service of process for the above stated limitea signated in this certificate, I hereby accept the appointment as
registered agent and agree to act in	this capacity. I further agree to comply with the provisions of al
statutes relating to the proper and	complete performance of my duties, and I am familiar with and
accept the obligations of my pos	ition as registered agent as provided for in Chapter 605, F.S.,
x	Va littra
	gear's Signature (REQUIRED)
	200
	2 h
((CONTINUED)
	Page 1 of 2
	rage 1012
	# - N
	N &

ARTICLE IV- The name and address of each person Company:	authorized to manage and control th	e Limited Liab	ility	
Title: "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager				
AMBR	ORLANDO J STHORY			
	175 SW 7TH ST SUITE 1815			
	MIAMI, FL 33130			
AMBR	EDGAR NAVA			
	175 SW 7TH ST SUITE 1815			
	MIAMI, FL 33130			
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		X X X X X X X X X X	A PARTY	
		- 		
(Use attachment if necessary)		241		
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)				
ARTICLE VI: Other provisions, if any.			<u> </u>	
REQUIRED SIGNATURE:	and things		_	
Signature of a membe (In accordance with section 605.0203 (constitutes an affirmation under the pen- l am aware that any false information su constitutes a third degree felony as prov	alties of perjury that the facts stated he bmitted in a document to the Departr	of this docume erein are true.	nt	
	ORLANDO J STHORY			
Ty	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)