L1800001131e90

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
. (Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900315222139

06/29/18--01011--001 **189.90

18 JUL -3 &H 9: 50 SCCRETARY OF STATE TALLAHASSEE, FLORIDA

JUL 18 2018
T SCHROEDER

COVER LETTER

TO: New Filing S Division of C			
SUBJECT: D.G. Swa	anson & Company, LLC		
	(Name of Res	ulting Florida Limited	d Company)
			on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:	
Andrew R. Comiter, Esc	Į.		Please file the Articles of
	(Contact Person)		
Comiter, Singer, Basema	an & Braun, LLP		Conversion and the Article
	(Firm/Company)		of Organization with the
3801 PGA Blvd., Suite	604		agreed upon filing date of
	(Address)		• •
Palm Beach Gardens, FI	_ 33410		July 3, 2018.
(City, State and Zip Code)		TO I
mfrid@comitersinger.co	भा		Thank you.
E-mail Address: (to b	oe used for future annual re	port notifications)	
For further informati	on concerning this ma	tter, please call:	
Andrew R. Comiter, Esc] .	at (⁵⁶¹)	626-2101
(Name of Conta	act Person)	(Area Code)	(Daytime Telephone Number)
	for the following amount a bank located in the	,	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 F and Certified Copy	
STREET ADDRES New Filing Section Division of Corporat Clifton Building 2661 Executive Cen	ions	New Fili Division P. O. Bo	NG ADDRESS: ling Section of Corporations ox 6327 ssee, FL 32314

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

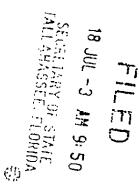
Into

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: D.G. Swanson & Company
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a general partnership (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, et
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
February 8, 2018
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
D.G. Swanson & Company, 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 afte 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 27th day of June	_ 20_18
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Printed Name: Andrew R. Comiter	Title: Authorized Representative
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)
signature: 1 10 Ac SHO SWAN SA	n Aldoms
Signature: I INCA SUL SWAN 5 T	Title: Co-Trustee
Signature:	
Signature: Printed Name: Stephen Lawrence Swanson	Title: Co-Trustee
Signature:	
Signature: Printed Name; John E. Erickson III	Title: Trustee
Signature:	
Signature:Printed Name:	_ Title:
Signature:	
Signature: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	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
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 JUL -3 AM 9:50

SEUREDANY OF STATE
FALLAHASSEE, FLORIDA

Signed this 27th day of June	20_18	
Signature of Authorized Representative of Limit	ted Liability Company:	
Signature of Authorized Representative:		
Signature of Authorized Representative: Printed Name: Andrew R. Comiter	Title: Authorized Representative	_
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]	
Signature:		
Signature: Printed Name: Linda Suc Swanson Adams	Title: Co-Trustee	_
Signature:		
Printed Name: Stephen Lawrence Swanson	Title: Co-Trustee	
Signature:	Title: Trustee	- -
Timed Palite.		
Signature:		
Printed Name:		
Signature:		_
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 Liabilit Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		₹:
Fees:		18 J Seok Wila
Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00	FIL JUL -3 JAHASSE
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	ILED -3 M9 SSEC. FLG
		35 F
		50
		-

Signed this 27th day of June	20 18	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Printed Name: Andrew R. Comiter	Title: Authorized Representative	
Signature(s) on behalf of Other Business Entity: [_
a:		
Printed Name: Linda Sue Swanson Adams	Title: Co-Trustee	_ _
Signature: Printed Name: Stephen Lawrence Swanson	Title: Co-Trustee	_ _
Signature: John E. Erickson III	Title: Trustee	<u>-</u>
Signature: Printed Name:	Title:	
Signature:Printed Name:	Title:	_ _
Signature:Printed Name:	Title:	-
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		
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 JUL -3 M 9:50 SLUBLIANY OF STATE FALL AHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		ILIT I COMPANI
The name of the Limited Liability Company is:		
D.G. Swanson & Company, LLC		
(Must contain the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
3801 PGA Blvd., Suite 604	3801 PGA Blvd., Suite 604	
Palm Beach Gardens, FL 33410	Palm Beach Gardens, FL 3341	0
		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)		
The name and the Florida street address of the r	registered agent are:	
Andrew R. Comiter, Esq.		
Name	e	
3801 PGA Blvd., Suite 604		
Florida street address (P.O	D. Box NOT acceptable)	
Palm Beach Gardens, FL	FL 33410	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as registered Agent's Sign (CONTINE)	n this certificate, I hereby acceptive. I further agree to comply performance of my duties, and gistered agent as provided for a mature (REQUIRED)	ept the appointment as wwith the provisions of all d I am familiar with and

ARTICLE IV-

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	Linda Sue Swanson Adams			
	3801 PGA Blvd., Suite 604			
	Palm Beach Gardens, FL 33410			
MGR	Stephen Lawrence Swanson			
	3801 PGA Blvd., Suite 604			
	Palm Beach Gardens, FL 33410			
MGR	John E. Erickson, III			
	3801 PGA Blvd., Suite 604			
	Palm Beach Gardens, FL 33410			
(Use attachment if necessary)				
(Ose attachment if necessary)		14.1 15.1	-1	
			ري	
CLE V: Other provisions, if any.		교육 공급	\subseteq	·-··}
		<u> </u>	- 2	
				j Juga
			_	17
_		01 1.S	چې	
REQUIRED SIGNATURE? /	/)	TATE ORIDA E	9: 50	
And Make A		els X	0	
Vall phone	\sim	精彩		

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Andrew R. Comiter, Authorized Representative

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)