# U800191499

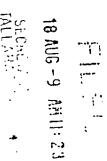
(Requestor's Name)
(Address)
<b>,</b> ,
(Address)
(City/State (Zin/Ohana #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Decument Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only

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#### WILLIAMS MULLEN

Direct Dial: 757.473.5436 wchappell@wifliamsmullen.com

August 8, 2018

File No.: 077528.0001

#### **VIA FEDERAL EXPRESS**

Florida Department of State Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

RE:

Articles of Conversion & Articles of Organization Conversion of 81<sup>st</sup> Street Advisors, LLC (a VA LLC)

to 81st Street Advisors, LLC (a FL LLC)

Dear Sir or Madam:

Please file the enclosed Articles of Conversion and Articles of Organization on behalf of the above referenced entities *EFFECTIVE AUGUST 15, 2018, AT 3:00 P.M.* 

I enclose our firm's check in the amount of \$150.00 for the filing for fees.

Please return the acknowledgment of filing to my attention at the address below as soon as possible using the enclosed *Federal Express prepaid return envelope*.

Should you have questions regarding this matter, please contact me. Thank you.

Sincerely,

Wendy M. Chappell Corporate Paralegal

Enclosures

cc: Mr. David Bernd (via email w/encl.)

Christine Piersall, Esquire (via email w/encl.)

Shayn Fernandez, Esquire (via email w/encl.)

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### **COVER LETTER**

TO: New Filing So Division of C				
SUBJECT: 81st Street	et Advisors, LLC			
30 <b>b</b> 02C1.	(Name of Resi	ulting Florida Limit	ted Company)	
The enclosed Article Business Entity" into	s of Conversion, Articl a "Florida Limited Li	es of Organization ability Company	ion, and fees are submitted to convining accordance with s. 605.1045	ivert an "Other 5, F.S.
Please return all corr	espondence concerning	this matter to:		
Wendy M. Chappell, Par	ralegal			
	(Contact Person)		-	最级 黃
c/o Williams Mullen Cla	irk & Dobbins PC			TEG A
	(Firm/Company)		-	三年 5
222 Central Park Ave., S	Ste 1700			18 AUG -9 AM
	(Address)		-	12
Virginia Beach, VA 23-	162			18 AUG -9 AM 11: 23
	City, State and Zip Code)		-	ြို့
			_	
E-mail Address: (to l	oe used for future annual re-	port notifications)		
For further informat	ion concerning this ma	tter, please call:		
Wendy M. Chappell		_at (_ <sup>757</sup>	) 473-5436	
(Name of Cont	act Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check dollars and drawn or	for the following amount a bank located in the	nt: (All checks p United States)	processed 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 and Certified Co	<del>-</del>	
STREET ADDRESS New Filing Section Division of Corpora Clifton Building 2661 Executive Cen	tions	New F Divisio P. O. I	Filing Section on of Corporations Box 6327 assee, FL 32314	

INHS11 (7/17)

Tallahassee, FL 32301

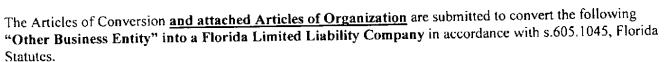
## Articles of Conversion

For

## "Other Business Entity"

Into

## Florida Limited Liability Company



(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
October 5, 2017
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
81st Street Advisors, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:  August 15, 2018, at 3:00 pm
4. If not effective on the date of fining, 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 effective date.
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.
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

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 1st day of August 20	0 18
Signature of Authorized Representative of Limited	Liability Company:
Signature of Authorized Representative:  Printed Name: David Bend  T	A X
Signature(s) on behalf of Other Business Entity: [Sec	e below for required signature(s)
Signature: Printed Name: David Bernd	Fitle: Manager
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Printed Name:	Tipe.
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or O If Directors or Officers have not been selected, an Inco	fficer. prporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	/ Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	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)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam		tu Compony in		
The name of the Lin	nteo Liadin	ty Company is	•	
81st Street Advisors, LI	.C			
		rds "Limited Liabil	ity Company, "L.L.C.," or "LL	.C.'')
ARTICLE II - Add	l marce			
		ddress of the p	orincipal office of the L	imited Liability Company is:
Principal Office Ac		·	Mailing Address:	
2323 Traditions Way #2	201		2323 Traditions Way #	201
Naples, FL 34105			Naples, FL 34105	
(The Limited Liability Corbusiness entity with an ac	npany cannot se tive Florida reg	erve as its own Reginstration.) address of the	ed Office, & Registere istered Agent. You must design registered agent are:	d Agent's Signature: nate an individual or ampther)
•	······································	Nan	ne	
	1200 Court D	ne Island Road		• 5
			O. Box <u>NOT</u> acceptabl	(e)
		(		
	Plantation	- O':	FL 33324 Zip	<del></del>
		City	Zip	
liability compa registered agent a statutes relating	iny at the plant agree to to the proper igations of n	ace designated act in this cape or and complete	in this certificate, I here acity. I further agree to a performance of my du egistered agent as prov System	cess for the above stated limited by accept the appointment as comply with the provisions of all ties, and I am familiar with and ided for in Chapter 605, F.S  Judith Argao Vice President d Assistant Secretary
	Registe	red Agent's	REQUIRED)	

(CONTINUED)

<u>'itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	David Bernd
MGR	2323 Traditions Way #201
	Naples, FL 34105
	,
MGR	Helen Bernd
VIGIC	2323 Traditions Way #201
	Naples, FL 34105
`	
LE V: Other provisions, if any.	ive as of August 15, 2018, at 3:00 pm.
LE V: Other provisions, if any.  ticles of Organization shall be effection  REQUIRED SIGNATURE:	ive as of August 15, 2018, at 3.00 pm.
REQUIRED SIGNATURE:  Signature of a mem	ber or an authorized representative of a member cordance with section 605.0203 (1) (b), Florida Statutes. I am a document to the Department of State constitutes a third de
REQUIRED SIGNATURE:  Signature of a memiliary false information submitted in as provided for in s.817.155, F.S.	ber or an authorized representative of a member cordance with section 605.0203 (1) (b), Florida Statutes. I am a document to the Department of State constitutes a third descrized representative of member 08/01/2018
LE V: Other provisions, if any.  nicles of Organization shall be effective and the e	ber or an authorized representative of a member cordance with section 605.0203 (1) (b), Florida Statutes. I am a document to the Department of State constitutes a third descrized representative of member 08/01/2018
REQUIRED SIGNATURE:  Signature of a memily any false information submitted in as provided for in \$.817.155, F.S.  David Bernd, Manager as authorical provided in accurate the submitted in the su	ber or an authorized representative of a member cordance with section 605.0203 (1) (b), Florida Statutes. I am a document to the Department of State constitutes a third de

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

ARTICLE IV-