L18000135140

(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:

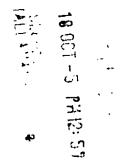
Office Use Only

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W18-45938

Ref. W18000085938 COVER LETTER

TO: New Filing Section of Cor						
SUBJECT: 104	(Name of Resu	Group INC.	to. 19 financial	Group	, 12.	1.
The enclosed Articles of Business Entity" into a		_)ther
Please return all corresp	pondence concerning	this matter to:				
Fosmond	Moric harl (Contact Person)	es				
Top finance	in Group (Firm/Company)	L.L.C				
500 NW 1	65th st #	<u> </u>				
Miami - F	2 3316 9 y, State and Zip Code)					
maricharles		port notifications)				
For further information	concerning this mat	ter, please call;				
Hosmind M (Name of Contact	Person)	at (954) 27 (Area Code) (Day	7- 938> time Telephone Number)	_		
Enclosed is a check for dollars and drawn on a	-	•	ed by this office must	be payal	ble in	US
(\$25 for Conversion a	S155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	.z.		
STREET ADDRESS: New Filing Section Division of Corporation Clifton Building 2661 Executive Center	ns Circle	MAILING A New Filing S Division of C P. O. Box 632 Tallahassee, F	ection orporations 27		18 OCT -5 7312	· · · · · · · · · · · · · · · · · · ·
Tallahassee, FL 32301				€	••	

Ref: W18000085938

P1500069052

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Top Francial Good Tuc. (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of + locido (Enter state, or if a non-U.S. entity, the name of the country)
on 08/15/2015 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Top Financial Group 1.1. (Enter Name of Florida Limited Liability Company)
(Enter Name of Plorida 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.
18 OCT - SPACE AND A SPACE AND

26: W18000 85938 Signed this __Jsf Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: Printed Name: FOS mond Marichacke Title: HonoGer Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Printed Name: Mar Garette Nevette Title: Vice President-16 Signature: Printed Name: Title: Signature: Printed Name: Title: _____ Signature: Title: Printed Name: _____ Signature: Printed Name: Title: _____ Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of **ALL** General Partners. All others: Signature of an authorized person. Fees: Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Certified Copy:

Certificate of Status:

W18000085938

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

3455 SW 62nd Way
Florida street address (P.O. Box NOT acceptable)

Miramar FL 33023
City Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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 Member "MGR" = Manager ————	R= Fosmond Maricharles 34555W 62nd Way Miramar Fr 33023
MGR	Harbarette Nevette 3455 SW Gard Way MICOMOR FL 37023
MGR	FRANCOUS Jeanis 500 NW 165th St #3 Mam Fx 33169
(Use attachment if necessary) CLE V: Other provisions, if any.	1. S.
REQUIRED SIGNATURE:	
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. FOSMEN A MORE	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony.
Ту	ped or printed name of signee Filing Fees
0455 00 EU. E. C. 4	of Organization and Designation of Registered Age

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)