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(Req	uestor's Name)	
(Addi	ress)	
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(City)	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nam	e)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
Special Instructions to F	iling Officer:	

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COVER LETTER

	Filing Second on of Co	ection orporations			
SUBJECT: S	SULLIVA	N FIXED INCOME HOI	DINGS, LLC		
			sulting Florida Limite	d Con	ipany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return	all corre	spondence concerning	g this matter to:		
LOUIS J. BOYI)				
		(Contact Person)			
GRANITE ASS	OCIATE	S, INC.			
	•	(Firm/Company)			
225 BANYAN	BOULEV	ARD, SUITE 130			
		(Address)			
NAPLES, FL 34	1102				
		ity, State and Zip Code)			
dcolavito@gran					
E-mail Addr	ess: (to be	used for future annual re	port notifications)		
For further in	formatic	on concerning this ma	tter, please call:		
LOUIS J. BOYI)		_at ()	228-6	505
(Name	of Contac	et Person)	(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the		ocess	sed by this office must be payable in US
☐ \$150.00 Filin (\$25 for Convers & \$125 for Artic of Organization)	ion	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing I and Certified Copy		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET AD New Filing So Division of Co Clifton Buildi 2661 Executiv	ection orporati ng	ons	New Fil Division P. O. Bo	ing Se of C ox 632	orporations

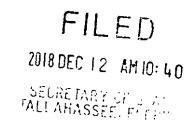
Tallahassee, FL 32301

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: SULLIVAN FIXED INCOME HOLDINGS, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
DECEMBER 3, 2015
on DECEMBER 3, 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:
SULLIVAN FIXED INCOME HOLDINGS, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: JANUARY 1, 2019
(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.

Signed this 15th day of November 20 18. Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: ____ Printed Name: ADAM GERRY Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature: Printed Name: ADAM GERRY Title: MANAGER Signature: Printed Name: ______ Title: _____ Signature: Printed Name: ______Title: _____ Signature: Printed Name: ______Title: _____ Signature: Printed Name: ______ Title: ______ Signature: Printed Name: _____ Title: 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 <u>ALL</u> General Partners. All others: Signature of an authorized person. Fees: Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00 Certified Copy: \$30.00 (Optional)

\$5.00 (Optional)

Certificate of Status:

FILED 2018 DEC 12 AM 10:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compan	y is:
SULLIVAN FIXED INCOME HOLDINGS, LLC	
(Must contain the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of th	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
225 BANYAN BOULEVARD	225 BANYAN BOULEVARD
SUITE 130 NAPLES, FL 3 4102	SUITE 130
IVALUES, FL 5 4102	NAPLES, FL 34102
ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of to GRANITE ASSOCIATES.	
N	Name Ag
225 BANYAN BOULEVAF	RD SHITE 130
	(P.O. Box NOT acceptable)
NAPLES	F1_34102
City	Zip
liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and comple accept the obligations of my position as from Registered Agent's	nd to accept service of process for the above stated limited ed in this certificate. I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and s registered agent as provided for in Chapter 605. F.S Signature (REQUIRED) LOUIS J. BOYD, SECY
(CON)	CINHEDA

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	ADAM GERRY
THOIR .	GRANITE ASSOCIATES, INC., 225 BANYAN
	BLVD., SUITE 130, NAPLES, FL 34102
	2 0, 5
(Use attachment if necessary)	ALLAABSEF, FIGURE
• /	.
LE V: Other provisions, if any.	
 	
REQUIRED SIGNATURE:	
Signature of a member or a	in authorized representative of a member
This document is executed in accordance	with section 605,0203 (1) (b), Florida Statutes, I am aware th
any talse information submitted in a docum as provided for in s.817.155, F.S.	nent to the Department of State constitutes a third degree felo
ADAM GERRY, MANAGER	
	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)