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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	12/19/2018	
	Merritt Walker	
	1027496	
Entity Name	POINTE GRO	UP MANAGEMENT, INC.
✓ Articl	es of Incorporation/Authoriza	tion to Transact Business
Ame	ndment	
☐ Char	ige of Agent	
Reins	statement	
⊘ Conv	version	
☐ Merg	er	
☐ Disso	olution/Withdrawal	
☐ Fictit	ious Name	,
✓ Othe	rCERTIFIE	D COPY OF FILING EVIDENCE
Authorized	Amount:\$180	
Signature:	uw	

F: 800.944.6607

Articles of Conversion

For

"Other Business Entity"

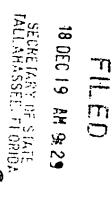
Into

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:

Pointe Group Management, Inc. 403 - 19125
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
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: Pointe Group Management, 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 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 17th day of December	_ 20_18	
Signature of Authorized Representative of Limi		
Signature of Authorized Representative:	のとし、Authorized Person	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
Signature:		
Printed Name: Matthew Hawkins_ADSF78E74C0B4CO	Title: Secretary	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:	Tul	
Printed Name:		
Signature:Printed Name:	Title	
Filling Name.	Title.	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer	
If Directors or Officers have not been selected, an Inc		
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.		
All others: Signature of an authorized person.		
Fecs:		SEC TALL!
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy:	\$25.00 \$125.00 \$30.00 (Optional)	RETARY O
Certificate of Status:	\$5.00 (Optional)	$\exists \mathbb{Z}$

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SECRETARY OF STATE TALL AHASSEE, FLORIDA

ARTICLE I - Name:			
The name of the Limited Liability Company	is:		
Pointe Group Management, LLC (Must contain the words "Limited Link	oility Company, "L.	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal offic	e of the Limited	Liability Company is:
Principal Office Address:	Mailing A	Address:	
13218 West Broward Blvd. Plantation, FL 33325	Plantation,	t Broward Blvd. FL 33325	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	ered Office, & egistered Agent. Yo	Registered Age ou must designate an in	nt's Signature: adividual or another
The name and the Florida street address of t	he registered a	gent are:	
Corporation Service Compar	ny		
N.	ame		
1201 Hays Street			
Florida street address (P.O. Box NOT	acceptable)	
Tallahassee, FL 32301	FL		
City		Zip	
Having been named as registered agent a liability company at the place designate registered agent and agree to act in this constantes relating to the proper and compaccept the obligations of my position and Registered Agent's	ed in this certificapacity. I further lete performance is registered as Signature (RE	cale, I nerely do er agree to comp ee of my duties, a ent as provided f	ty with the provisions of all nd I am familiar with and
(CON	TINUED)		C19 AH 92 29 KRY OF STATE ASSEE, FLORIDA

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	Karen Whitt
	1625 Eye Street NW, Suite 700
	Washington, D.C. 20006
MGR	Dylan E. Taylor
	601 Union Street, Suite 3320
	Seattle, WA 98101
	
	
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(Use attachment if necessary)	NASSATA
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CLE V: Other provisions, if any.	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
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	•
REQUIRED SIGNATURE:	DocuSigned by:
/	mot
	an authorized representative of a member
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware that ument to the Department of State constitutes a third degree felony
Matthew Hawkins, Authorized Represe	entative of the sole member
	yped 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)