L18000292371

| (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



700322448017

700322448017 12/27/18--01013--014 **180.00

18 DEC 27 PH IN: 59

TILED

18 DEC 27 MM 91 44

SECRETARY OF STATE
ALL AHASSEE, FLORIDA

T SCHROEDER



Filing Cover Sheet

| To : Florida Division of Corporations | | |
|---|------------------------------|--|
| From: Kim Tadlock C/O Capitol Services, Inc. | | |
| Date: 12/2018 | | |
| Trans#: 1003243 | | |
| Entity Name: {DOUGLAS PIKE CAPITAL, LLC | (RI) CONVERTING INTO DOUGLAS | |
| Articles Incorporation () | Articles of Amendment () | |
| Articles of Dissolution () | Annual Report () | |
| (Conversion (XX) | Fictitious Name () | |
| Foreign Qualification () Limited Liability () | | |
| Limited Partnership () Merger () | | |
| Reinstatement () Withdrawal / Cancellation () | | |
| Other () | | |
| STATE FEES PREPAID WITH CHECK <u># 1377</u> FOR <u>\$18</u> PLEASE RETURN: | 80.00 | |
| | | |
| Certified Copy (XX) Plain Photocopy () | | |
| Good Standing () Certificate of Fact () | | |

Phone: 855-498-5500

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: Douglas Pike Capital, 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.) |
| (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 April 16, 2014 (date of organization, formation or incorporation) |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| Douglas Pike Capital, 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 <u>12th</u> day of <u>Dec</u> ember | _ 20_18 | | | |
|---|--|------------------------------|----------|-----|
| Signature of Authorized Representative of Lipit | ted Liability Company: | | | |
| Signature of Authorized Representative: Printed Name: Axel Stepan | Title: Manager | | | |
| Signature(s) on behalf of Other Business Entity: | | | | |
| Signature:Printed Name: Axel Stepan | Title: Manager | | | |
| Signature:Printed Name: | | | | |
| 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 Officers or Officers have not been selected, an Inc. | | | | |
| If Florida General Partnership or Limited Liabilit Signature of one General Partner. | y Partnership: | | | |
| If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners. | v Limited Partnership: | מנר מורר פוני | <u></u> | |
| All others: Signature of an authorized person. | | ACTAN AHASSI | DEC 27 | 7 |
| Fees: | | - T | A-1-1 | .E0 |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | % Foriau Foriau | 84 35 th | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company | | |
|--|--|--|
| Douglas Pike Capital, LLC (Must contain the words "Limited Lin | ability Company "L.L.C." or "L.L.C." | 7) |
| ARTICLE II - Address: | admity company, Educa, or face. | , |
| The mailing address and street address of th | e principal office of the Lim | ited Liability Company is: |
| Principal Office Address: | Mailing Address: | |
| 701 Northpoint Parkway, Suite 210 West Palm Beach, FL 33407 | 701 Northpoint Parkw West Palm Beach, FL | |
| ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.) | | |
| The name and the Florida street address of t | he registered agent are: | |
| B & C Corporate Service | ces, Inc. | |
| N | ame | |
| 2 South Biscayne Boule | evard, 21st Floor | |
| | P.O. Box NOT acceptable) | • |
| Miami | FL 33131 | |
| City | Zip | |
| Having been named as registered agent as liability company at the place designate registered agent and agree to act in this cast statutes relating to the proper and complacted accept the obligations of my position as | ed in this certificate, I hereby upacity. I further agree to cor ete performance of my duties, | accept the appointment as aply with the provisions of all , and I am familiar with and |
| Ţ Ţ | حمی ن Signature (REQUIRED) FINUED) | THE DEC 27 AM SECNETARY OF SALLAHASSEE, FL |
| | | MA SATE OFFICERIOA FECORIOA |

| ۸ | DT | 1C1 | LE. | IV. |
|----|--------------|-----|-----|-------|
| ^1 | \mathbf{r} | | LC | 3 Y - |

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 | Axel Stepan |
| | 701 Northpoint Parkway. Suite 210 |
| | West Palm Beach, FL 33407 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| | |
| | |
| | |
| | LEGAL IASS |
| | <u></u> |
| | ASS |
| (Use attachment if necessary) | 95 Pp. 1 |
| • | |
| | |
| FICLE V: Other provisions, if any. | က်မှု |
| F | <u> </u> |
| | <u>කිසු</u> |
| | |
| | AP. |
| REQUIRED SIGNATURE: | |
| | |
| | |
| Signature of a member or | an authorized representative of a member |
| This document is executed in accordance any false information submitted in a docu | with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony |
| as provided for in s.817.155, F.S. | |
| Axel Stepan | |
| | ped or printed name of signee |
| . , | Filing Fees |

Filing Fees
S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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