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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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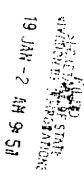
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#### **COVER LETTER**

Division of C	Corporations				
SUBJECT: Stonegate	e Management Group, LLC				
		sulting Florida Limite	ed Cor	npany)	
The enclosed Article Business Entity" into	es of Conversion, Artic o a "Florida Limited L	les of Organization	on, an '' in a	nd fees are submitted to conver ecordance with s. 605,1045, F	t an "Other .S.
Please return all corr	espondence concernin	g this matter to:			
James B. Lyon, Esq.					
	(Contact Person)				
James B. Lyon, P.A.					
	(Firm/Company)				
7900 Glades Road, Suite	: 435				
	(Address)				
Boca Raton, Florida 334	34				
(1	City, State and Zip Code)				
jim@jamesblyonlaw.com	n				
E-mail Address: (to b	e used for future annual re	port notifications)			
For further informati	on concerning this ma	tter, please call:			
Jim Lyon		or (561	451-3	4400	
(Name of Conta	act Person)	(Area Code)	(Day	4400 rtime Telephone Number)	
Enclosed is a check f dollars and drawn on	for the following amou a bank located in the	int: (All checks pr United States)	ocess	sed by this office must be paya	ible in US
S150,00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$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 ADDRES	S:	MAILI	NG A	ADDRESS:	19

New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



**New Filing Section** 

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

TO: New Filing Section

## **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:  Stonegate Management Group, Inc.
(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)
November 3, 2014 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:
Stonegate Management Group, 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 17 day of December	20 18
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: David Crupi	Title: Manager
Signature(s) on behalf of Other Business Entity:	
Signature:	
Printed Name: David Crupi	Title: President
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signatura	
Signature:Printed Name:	Title:
1f Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	<del></del>
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ly 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 - Name:		
The name of the Limited Liability Company is:		
Stonegate Management Group, LLC		
(Must contain the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pa	rincipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
7237 Stonegate Boulevard	7237 Stonegate Boulevard	
Parkland, Florida 33076	Parkland, Florida 33076	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)  The name and the Florida street address of the I	tered Agent. You must designate an individual or another	
James B. Lyon, P.A.	10	
Name	19 JAN -	
7900 Glades Road, Suite 435		
Florida street address (P.O		
Boca Raton	FL 33434	
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:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
Manager	David Crupi
	7237 Stonegate Boulevard
	Parkland, Florida 33076
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)  CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:	
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or a	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance any false information submitted in a document of the submitted in a	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree fe

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)