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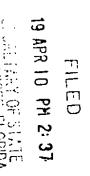
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T.J. HEINEMANN, P.A.

ESTATE PLANNING + ASSET PROTECTION + CORPORATE LAW + REAL ESTATE

T.J. HEINEMANN, J.D., LL.M.

* Master of Laws - Estate Planning

3141 SW MAPP ROAD Palm City, Fl 34990

Trt. 772.888.5667

ADMINETIHEINEMANNFA.COM

April 5, 2019

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

RE: Abrico Management, LLC

Articles of Conversion and Articles of Incorporation

Dear Sir or Madam:

Enclosed, please find the Articles of Conversion and Articles of Organization for Abrico Management, LLC. Also enclosed, please find this office's check in the amount of \$150.00 payable to the Florida Department of State representing the required filing fees.

Should you need anything further, please do not hesitate to contact our office.

Very#kuly yours

hristina N. Iwasz, CI

Paralegal -

:kni

Enclosures

COVER LETTER

& \$125 for Articles Status Certificate of Status of Organization) STREET ADDRESS: New Filing Section New Filing Section Division of Corporations Division of Corporations	Division of Corporations		
(Name of Resulting Florida Limited Company) The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: T.J. HEINEMANN, ESQ. (Contact Person) T.J. HEINEMANN, P.A. (Firm/Company) 3141 SW MAPP ROAD (City, State and Zip Code) admin@tjheinemannpa.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: T.J. HEINEMANN, ESQ. (Name of Contact Person) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) Street Address: MAILING Address: MAILING Address: New Filing Section Division of Corporations	SUBJECT: ABRICO MANAGEMENT, LLC		
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T.J. HEINEMANN, ESQ. (Comtact Person) T.J. HEINEMANN, P.A. (Firm/Company) 3141 SW MAPP ROAD (Address) PALM CITY, FL 34990 (City, State and Zip Code) admin@tjheinemannpa.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter. please call: T.J. HEINEMANN, ESQ. (Name of Contact Person) (Area Code) (Name of Contact Person) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) S 150.00 Filing Fees (\$25 for Conversion and Certificate of Status) STREET ADDRESS: New Filing Section Division of Corporations MAILING ADDRESS: New Filing Section Division of Corporations	The enclosed Articles of Conversion, Arti Business Entity" into a "Florida Limited I	cles of Organization	on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
(Contact Person) T.J. HEINEMANN, P.A. (Firm/Company) 3141 SW MAPP ROAD (Address) PALM CITY, FL 34990 (City, State and Zip Code) admin@tjheinemannpa.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: T.J. HEINEMANN, ESQ. (Name of Contact Person) at (772) 888-5667 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) S150.00 Filing Fees (S25 for Conversion & S125 for Articles of Organization) STREET ADDRESS: New Filing Section Division of Corporations MAILING ADDRESS: New Filing Section Division of Corporations	Please return all correspondence concerni	ng this matter to:	
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	2661 Executive Center Circle		

Tallahassee, FL 32301

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.

	e of Other Business Entity)
2. The WOrker Business Faster's CORF	PORATION
2. The "Other Business Entity" is a (Enter entity type. Example: corpo	oration, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated un	oder the laws of
That organized, formed of incorporated at	(Enter state, or if a non-U.S. entity, the name of the country)
MARCH 22, 2013 on	
(date of organization, formation or incorporati	ion)
3 The name of the Florida Limited Liabi	lity Company as set forth in the attached Articles of Organization:
ABRICO MANAGEMENT, LLC	my company as set form in the attached in there's or organization.
(Enter Name of Flori	da Limited Liability Company)
4. If not effective on the date of filing, en	ter the effective date:
the date this document is filed by the Fl	date of receipt or filed date nor more than 90 calendar days after lorida Department of State.) eet the applicable statutory filing requirements, this date will not be listed as the
(The effective date: Cannot be prior to the date this document is filed by the Flore: If the date inserted in this block does not make document's effective date on the Department of St	date of receipt or filed date nor more than 90 calendar days after lorida Department of State.) eet the applicable statutory filing requirements, this date will not be listed as the

Signed this 25th day of MARCH	20_19
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: T.J. HEINEMANN, ESQ.	
Printed Name: T.J. HEINEMANN, ESQ.	Title: AUTHORIZED REPRESENTATIVE
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: 150 A	
Printed Name: BEHNAM K. ABRISHAMI	Title: PRESIDENT
Timed Name. Serious Actions and	Title: TRESIDENT
Signature:	
Printed Name:	Title:
Simulation .	
Signature:Printed Name:	Title
Timed (vanie.	Title.
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
Tritted (value)	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 In	
	· ·
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
Signature of one deficial rattles.	
<u>If Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of ALL General Partners.	
A II odhowu	
All others: Signature of an authorized person.	
organitate or an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
ABRICO MANAGEMENT, LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
the maning address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4224 SW Rivers End Way	P.O. Box 3574
Palm City, FL 34990	Ft. Pierce, FL 34948
	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual or another
BEHNAM K. ABRISHAMI Name	
Name	
4224 SW Rivers End Way	
Florida street address (P.O.	Box NOT acceptable)
Palm City	FL 34990
City	Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete per accept the obligations of my position as regional Registered Agent's Signature.	FLOG
(CONTINU	CD) Ord -1

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

"AMBR" = Authorized Member "MGR" = Manager	
MGR	BEHNAM K. ABRISHAMI
THOIC .	4224 SW Rivers End Way
	Palm City, FL 34990
	- dim exp, i e e vood
MGR	SUSAN M. ABRISHAMI
	4224 SW Rivers End Way
	Palm City, FL 34990
/II	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
This document is executed in accordance any false information submitted in a doct	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware ament to the Department of State constitutes a third degree for
Signature of a member or This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes, I am aware iment to the Department of State constitutes a third degree for
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