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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
TALLAHASSES, FLORIDA

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K. Brumbley

Articles of Conversion

For

"Other Business Entity"

Into

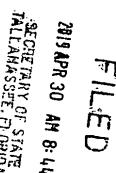
Florida Limited Liability Company

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:

FDI WEALTH MANAGEMENT, LLC #M18-9977
(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 Delaware
(Enter state, or if a non-U.S. entity, the name of the country)
7/28/2017 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:
FDI WEALTH 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.



-	day of April	
Signature of Au	thorized Representative of Li	mited Liability/Company:
Signature of Aut Printed Name: MA	horized Representative:	Tire: Manager
Signature(s) on l	behalf of Other Business Entity	
Signature		Title: Manager
Printed Name: MA	ARIANO ARIEL SARDANS	Title: Manager
Signature: Printed Name:		Title
,	\\	Title:
Signature:Printed Name:	<u>//</u>	Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
	ration: rman, Vice Chairman, Director, of ficers have not been selected, an	
If Florida Gener Signature of one (al Partnership or Limited Liab General Partner.	ility Partnership:
	ed Partnership or Limited Liab L General Partners.	ility Limited Partnership:
All others: Signature of an au	nthorized person.	
Fees:		
Fees for F Certified	of Conversion: Florida Articles of Organization: Copy: e of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nat The name of the L	me: imited Liability Company	is:	
FDI WEALTH MAN			_
(M)	ast contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ac The mailing address		e principal office of the Limited Liability	Company is:
Principal Office A	Address:	Mailing Address:	
777 BRICKELL AVE	ENUE., STE 500	777 BRICKELL AVENUE., STE 500 MIAMI, FL 33131	_
business entity with an	active Florida registration.) Florida street address of th	egistered Agent. You must designate an individual or a	nother
	Serber & Associates, P.A.	ame	
	2875 N.E. 191st Street, Suite	801	
	Florida street address (I	P.O. Box NOT acceptable)	
	Aventura	FL 33180	
	City	Zip	
liability comp registered agent statutes relating	any at the place designated and agree to act in this cap g to the proper and comple	d to accept service of process for the above d in this certificate. I hereby accept the appoacity. I further agree to comply with the pate performance of my duties, and I am fam registered agent as provided for in Chapte	pointment as provisions of al- iliar with and
	Pagistared Agan's S	Cignature (RECHIRED)	
	registered Agent's 5	Signature (REQUIRED)	

(CONTINUED)

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

"ANADD" - Anabarahan Manabara	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Mariano Ariel Sardans
MOR	777 Brickell Avenue, Suite 500
	Miami, FL 19958
	Wildin, 1 C 19936
	
	
(Use attachment if necessary)	
(out united in fice cashing)	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
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REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member e with section (d) 5.0203 (1) (b). Florida Statutes. I am aware the
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu	with section 605.0203 (1) (b), Florida Statutes. I am aware the
Signature of a member or This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware the
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu	with section 605.0203 (1) (b), Florida Statutes, I am aware th
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S. Mariano Ariel Sardans	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felo

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)