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

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SECRETARY OF STATE TALLAHASSEE, PLORIDA

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2 COVER LETTER

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SUBJECT:	hampion (Name of Resu	Advisors Ilting Florida Limited Com	pany)
The enclosed Articles of Business Entity" into a	of Conversion, Article a "Florida Limited Lia	es of Organization, and ability Company" in ac	d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corres	spondence concerning	this matter to:	
Patrick'	V.O. Veil (Contact Person)	<u></u>	
Champi	On Advis	sors LLC	-
12585 (Vild cat C	ove Circle	
Estero,	$\frac{\text{(Address)}}{\text{FL}} \frac{33}{\text{ty, State and Zip Code)}}$	928	
PVOneil E-mail Address: (to be a	18@gmaj used for future annual repo	ort notifications)	
For further information	concerning this matt	er, please call:	
Patrick V. (Name of Contact		-*** \ <u></u> /	22-5780 ime Telephone Number)
Enclosed is a check for dollars and drawn on a	the following amoun bank located in the U	t: (All checks processe nited States)	ed by this office must be payable in US
(\$25 for Conversion a	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

New Filing Section

P. O. Box 6327

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

New Filing Section

Clifton Building

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TO: New Filing Section

Division of Corporations

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:
- Champion Advisors LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
on February 2 70 18 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Champion Advisors 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.
 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.
SECRETALLAHASS

Signed this 28 day of Apric	20 <u>/_9</u>
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: F Printed Name: Patrick V. D'Wes	Title: Marager
Signature(s) on behalf of Other Business Entity:	
Signature: Patrick V. D/Veill	Title:Manager
Signature:	9
Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	Tial
timed Name.	11tte:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. All others: Signature of an authorized person.	corporator must sign. ty Partnership:
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

The mailing address and street address of the principal office of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
12585 Wildcat Cove Circle Estero, Florida 33978	12585 Wildcat Core Circle Estero, Florida 33928
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re-	gistered agent are:
Patrick V.	O'Neill
Name	·
	cat Cove Circle
Florida street address (P.O. l	Box NOT acceptable)
<u>EStero</u>	FL 33928
City	Zip
liability company at the place designated in t	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. 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)

<u>`itle:</u> AMBR" = Authorized Member	Name and Address:
MGR" = Manager MC+R	Patrick V. D'Weill
	12585 Wildcat Rove Cir
1 10 0	Estero, Florida 3397
AMBR_	Kathleen A. D'Weill
	12585 Wildcat Cove Circ Estero, FL 33978
Use attachment if necessary)	
E V: Other provisions, if any	
E V: Other provisions, if any.	
E V: Other provisions, if any.	
E V: Other provisions, if any.	
E V: Other provisions, if any. EQUIRED SIGNATURE:	
EQUIRED SIGNATURE:	an authorized remarks for
Signature of a member or a	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, Lam aware that
Signature of a member or a This document is executed in accordance any false information submitted in a document is document in a document in	With section 605 0203 (1) (b) Florida Statutae, Lam summe than
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	With section 605 0703 (1) (b) Florida Statutae Lam augus tha
Signature of a member or a This document is executed in accordance any false information submitted in a docum as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felon of the Department of State constitutes are the degree felon of the Departme

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

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

ARTICLE IV-

Company: