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(Re	equestor's Name)	
(Ac	ldress)	·
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PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

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FLORIDA DEPARTMENT OF STATE Division of Corporations

Le submitted

Letter Number: 519A00012256

June 19, 2019

DAVID J. SILBERMAN 3320 NW 10 STREET GAINESVILLE, FL 32609

SUBJECT: TOUCHSTONE ASSET MANAGEMENT, LLC

Ref. Number: W19000057703

We have received your document for TOUCHSTONE ASSET MANAGEMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a fee of \$115.00 due.

YOU HAVE SUBMITTED THE WRONG FORMS. PLEASEFILL OUT THE ATTACHED CORRECT FORMS TO CONVERT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

COVER LETTER

TO:	New Filing S Division of C				
SUB	JECT: TOUCH	STONE ASSET MANAG	EMENT, LLC.		
500		(Name of Re	sulting Florida L	imited Cor	mpany)
					nd fees are submitted to convert an "Othe accordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concerning	g this matter t	o:	
DAV	ID J. SILBERMA	N			
		(Contact Person)			
TOU	CHSTONE ASSET	MANAGEMENT, INC.			
	_	(Firm/Company)			
3320	NW 10 STREET				
		(Address)			
GAIN	ESVILLE,FL 326	09			
	(1	City, State and Zip Code)			
DJSIL	.BERMAN@GMA	AIL.COM			
E-1	mail Address: (to b	pe used for future annual re	port notifications	5)	
For fi	urther informati	on concerning this ma	tter, please ca	II:	
DAV	D J. SILBERMAN	4	at (303	579-5	5330
	(Name of Conta	act Person)	(Area Co	de) (Day	5330 vtime Telephone Number)
		For the following amou a bank located in the			sed by this office must be payable in US
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fil and Certified 0		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
STRI	EET ADDRES	S:	MA	ILING A	ADDRESS:
	Filing Section			Filing S	
	ion of Corporat	ions	Divi	sion of C	Corporations
	n Building	0: 1		Box 63	
766 L	Executive Cent	er Circle	Talle	haccee	FI 32314

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion TOUCHSTONE ASSET MANAGEMENT, INC.	is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a CORPORATION P19-32549 (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business tr	ust, etc.
First organized, formed or incorporated under the laws of	· y)
on 4/9/2019 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organiza TOUCHSTONE ASSET MANAGEMENT, LLC.	ition:
(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 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 a 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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	IN SIGN OF COSTOR

Signed this 27TH	day of JUNE	_ 20_19
Signature of Author	ized Representative of Limit	ted Liability Company:
Signature of Authoriz Printed Name: <u>DAVID</u>	ed Representative:	Title: PRESIDENT
Signature(s) on behal	f of Other Business Entity: [See below for required signature(s)
Signature: DAVID	J. SILBERMAN	Title: PRESIDENT
Signature:Printed Name:		_ Title:
Signature:Printed Name:		
Signature:Printed Name:		_ Title:
Signature:		
Signature:		
If Florida Corporatio Signature of Chairman		
If Florida General Pa Signature of one Gener	<u>rtnership or Limited Liabilit</u> al Partner.	y Partnership:
If Florida Limited Pa Signatures of ALL Ger	rtnership or Limited Liabilit neral Partners.	y Limited Partnership:

All others: Signature of an authorized person.

Fees:

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:	
TOUCHSTONE ASSET MANAGEMENT, LLC.		
(Must contain the words "Limited Liab	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited	d Liability Company is:
Principal Office Address:	Mailing Address:	
3320 NW 10 STREET	3320 NW 10 STREET	
GAINESVILLE FL. 32609	GAINESVILLE, FL 32609	
		
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	gistered Agent. You must designate an i	ent's Signature: ndividual or another
The name and the Florida street address of th	e registered agent are:	
DAVID J. SILBERMAN		
Na	me	
3320 NW 10 STREET		
Florida street address (P	O. Box NOT acceptable)	
GAINESVILLE	FL 32609	
City	Zip	
	l in this certificate, I hereby acc pacity. I further agree to comply te performance of my duties, an	ept the appointment as wwith the provisions of all ed I am familiar with and

ARTICLE IV-

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

Name and Address:		
DAVID J. SILBERMAN		
3320 NW 10 STREET		
GAINESVILLE, FL32609		
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	7 7	
	DAVID J. SILBERMAN 3320 NW 10 STREET	3320 NW 10 STREET GAINESVILLE, FL32609

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

DAVID J. SILBERMAN

Typed or printed name of signee

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)