# <u>L19000238298</u>

(Requestor's Name)	
(Nequestors Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
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Certified Copies Certificates of Sta	
Special Instructions to Filing Officer:	
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Office Use Only



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SECRETARY OF CRAFT.

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### **COVER LETTER**

<b>TO:</b> New Filing S Division of C			
	Business Advisors LLC		
SUBJECT:	(Name of Res	sulting Florida Limited (	Company)
		-	and fees are submitted to convert an "Other n accordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:	
Joseph W. Stinson			
	(Contact Person)		
3182 Olympia Lane	(Firm/Company)		
	(Address)	<del></del>	
Naples, FL 34114			
) jwstinson@mac.com	City, State and Zip Code)		
E-mail Address: (to b	pe used for future annual re	port notifications)	
For further informati	on concerning this ma	tter, please call:	
Joseph W. Stinson		215 4 _at ()_	60-1376
(Name of Conta	act Person)	(Area Code) (	Daytime Telephone Number)
	for the following amou a a bank located in the		essed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fee and Certified Copy	Certified Copy, and Certificate of Status
STREET ADDRES	S:		G ADDRESS:
New Filing Section		New Filin	<del>-</del>
Division of Corporat Clifton Building	ions	P. O. Box	of Corporations
2661 Executive Cen	ter Circle		ee, FL 32314

Tallahassee, FL 32301

# **Articles of Conversion**

For

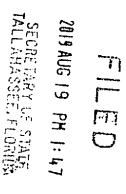
# "Other Business Entity"

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 is:  Stinson Business Advisors
(Enter Name of Other Business Entity)
LLC limited liability company
2. The "Other Business Entity" is a
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
09/29/2014
on
on
Stinson Business Advisors LLC  (Enter Name of Florida Limited Liability Company)  10/01/2019
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 100 day of 100 day of 100 day	
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Printed Name: Joseph W. Stinson	rood le this
Printed Name: Joseph W. Stinson	Title: Founder
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
and ( the	
Signature: Joseph W. Stinson	Title: Founder
Timed Name 2 2 2 2 2	
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Tital
rrinted Name;	r me:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	I itle:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
f Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	<del></del>
<u>lf Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
All others: Signature of an authorized person.	
S.E. Marie C. M. Boute Porter.	
Fees:	
	<b></b>
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:	
Stinson Business Advisors LLC (Must contain the words "Limited Liability	Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3182 Olympia Lane Naples, FL 34114	3182 Olympia Lane Naples, FL 34114
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regista business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Joseph W. Stinson	
Name	
3182 Olympia Lane	
Florida street address (P.O.	. Box <u>NOT</u> acceptable)
Naples	FI_ 34114
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg	o accept service of process for the above stated limited this certificate. I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and distered agent as provided for in Chapter 605, F.S.,

(CONTINUED)

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

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
AMBR	Joseph W. Stinson 3182 Olympia Lane		
	Naples, FL 34114		
	<del></del>		
	<del></del>		
(11)			
(Use attachment if necessary)			
CLE V: Other provisions, if any.			
urpose: business consulting			
REQUIRED SIGNATURE:			
$\bigcap_{i=1}^{n} \mathcal{L}_{i}$	<del></del>		
Joseph li	. Stuson		
	or an authorized representative of a member		
This document is executed in accordar	nce with section 605.0203 (1) (b), Florida Statutes. I am aware tha		
any false information submitted in a do	ocument to the Department of State constitutes a third degree felor		
as provided for in s.817.155, F.S.			
1 bay est a co			
Joseph W. Stinson			

Typed or printed name of signee

# Filing Fees