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(нес	uestor's Name)	
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PICK-UP		MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

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SECRETARY FEATURES

COVER LETTER

TO: New Filing Section Division of Corpora				.*
SUBJECT: GIBBONS & CO	OMPANY, LLC			
	(Name of Resul	ting Florida Limite	d Com	pany)
The enclosed Articles of Co Business Entity" into a "Flo	onversion, Articles orida Limited Liab	s of Organizatio pility Company`	n, and	d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all correspond	lence concerning t	this matter to:		
Jonathan S. Gilbert				
(Con Gibbons Neuman	itact Person)			
	n/Company)			
3321 Henderson Blvd.	,			
(Address)			
Tampa, FL 33609				
· ·	ate and Zip Code)			
jgilbert@gibblaw.com				
E-mail Address: (to be used t	for future annual repo	rt notifications)		
For further information con	cerning this matte	r, please call:		
Jonathan S. Gilbert		at (⁸¹³)	877-91	222
(Name of Contact Perso	on)	(Area Code)	(Dayt	ime Telephone Number)
Enclosed is a check for the dollars and drawn on a bank	following amount k located in the Ui	: (All checks pr nited States)	ocesse	ed by this office must be payable in US
	ertificate of	□\$180.00 Filing F and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:				DDRESS:
New Filing Section		New Fil	_	
Division of Corporations Clifton Building		Division P. O. Bo		orporations
2661 Executive Center Circ	ele			L 32314

Tallahassee, FL 32301

Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

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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.

 The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion i GIBBONS & COMPANY, LLC 	s:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a [Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trus	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trus	t, etc.)
First organized, formed or incorporated under the laws of	
(Enter state, or it a non-U.S. entity, the name of the country)	
September 29, 2012 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organizat GIBBONS & COMPANY, LLC (Enter Name of Florida Limited Liability Company)	
(Enter Name of Florida Entitled Enabling 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 at the date this document is filed by the Florida Department of State.)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	the
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 amou	nt to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

4				
Signed this 11th day of October	20_19			
Signature of Authorized Representative of Limi	ited Liability Company:			
Z 1				
Signature of Authorized Representative:	Level (Mapleme)			
Printed Name: Clifford S. Gibbons	Title: Authorized Representative			
Trimed (valle) entitle 9: Globons	Title: Mutiotized Representative			
Cimpotomoto) on his life 5001 P. C. P. C.				
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]			
Signature: Cliffer & Sithon)			
Signature: Which A Sunning	<u> </u>			
Printed Name: Clifford'S. Gibbons	Title: President			
Signature:				
Signature: Printed Name:	Title:			
Signature:		i i i	<u>(</u> 17	
Signature: Printed Name:	Title:		2919 001 15	
		417.1	J.)	****
Signature:				
Signature:Printed Name:	Title:		<u></u>	Γ
Signature:		~ ``		
Signature:Printed Name:	Title:		23 55	
			CD.	
Signature:			-1	
Signature:Printed Name:	Title:			
· · · · · · · · · · · · · · · · · · ·				
If Florida Corporation:				
Signature of Chairman, Vice Chairman, Director, or	Officer.			
If Directors or Officers have not been selected, an Inc	corporator must sign			
	- e- p-o- moor o.g			
If Florida General Partnership or Limited Liabili	ty Partnership:			
Signature of one General Partner.	ty a wrong sing .			
If Florida Limited Partnership or Limited Liabilit	ty Limited Partnership			
Signatures of ALL General Partners.	cy Estimeted Furtheramp.			
Section of the sectio				
All others:				
Signature of an authorized person.				
organical or an admonized person.				
<u>Fees:</u>				
Articles of Conversion:	\$2.5 AA			
	\$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:

GIBBONS & COMPANY, LLC

The name of the Limited Liability Company is:

(Must contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
204 4th Avenue #186 Indian Rocks Beach, FL 33785	204 4th Avenue #186 Indian Rocks Beach, F1, 33785	
		-
	ame 3	_/
3321 Henderson Blvd.	7	
Florida street address (F	P.O. Box <u>NOT</u> acceptable)	
Tampa	FL 33609	
City	Zip	
Having been named as registered agent an	nd to accept service of process for the above stated limited	7

liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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..

(CONTINUED)

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Clifford S. Gibbons	
	204 4th Avenue #186	
	Indian Rocks Beach, FL 33785	
р	Clifford S. Gibbons	
	204 4th Avenue #186	
	Indian Rocks Beach, FL 33785	
VP	Cody Gibbons	
	204 4th Avenue #186	
	Indian Rocks Beach, FL 33785	<u> </u>
	>	
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	. T.	· -
(Use attachment if necessary)		
		3
		(,
CLE V: Other provisions, if any.		
REQUIRED SIGNATURE:	lithe Methon.	`
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 awa ament to the Department of State constitutes a third degree	re tha felon
Clifford S. Gibbons		
CHIMA S. CHUUUIIS		

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)