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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 063,697 7175508 AUTHORIZATION: Spullice man COST LIMIT : \$ 180.00 ORDER DATE: November 26, 2019 ORDER TIME : 2:55 PM ORDER NO. : 063697-015 CUSTOMER NO: 7175508 DOMESTIC FILING NAME: AUTOMATED COMPLIANCE MANAGEMENT, LLC EFFECTIVE DATE: _ ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX ____ ARTICLES OF ORGANIZATION/AND ARTICLES OF CONVERSION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX____ CERTIFIED COPY _____ PLAIN STAMPED COPY

EXAMINER'S INITIALS: _____

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT.62980

CORPORATION SERVICE COMPANY

COVER LETTER

TO:	New Filing S Division of C			
SHRI	FCT. AUTOM	ATED COMPLIANCE M	ANAGEMENT, LLC	
SOD	<u>. </u>	(Name of Re	sulting Florida Limited Co	mpany)
				nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this matter to:	
		(Contact Person)	-	
LEVE	NFELD PEARLS	TEIN, LLC		
	_ 	(Firm/Company)		
2 N. L	ASALLE ST., ST	E. 1300		
		(Address)		
CHIC.	AGO, ILLINOIS	60602		
	((City, State and Zip Code)		
LPAG	ENTS@LPLEGA	L.COM		
E-n	nail Address: (to b	e used for future annual re	port notifications)	
For fu	rther informati	on concerning this ma	tter, please call:	
			_at ()	
	(Name of Conta	ct Person)	(Area Code) (Da	ytime Telephone Number)
		or the following amou a bank located in the		sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles mization)	□\$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
New I Divisi Cliftor 2661 I	ET ADDRESS Filing Section on of Corporation Building Executive Center assec, FL 3236	ions er Circle	MAILING A New Filing S Division of O P. O. Box 63 Tallahassee,	Section Corporations 27

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.

	Enter Name of Other Business Entity)
2. The "Other Business Entity" i	S a LIMITED LIABILITY COMPANY
	s a
First organized, formed or incorp	orated under the laws of
DECEMBER 17, 2012	
on(date of organization, formation or	incorporation)
3. The name of the Florida Limit	ed Liability Company as set forth in the attached Articles of Organization:
AUTOMATED COMPLIANCE MAN	AGEMENT, LLC
(Enter Nar	ne of Florida Limited Liability Company)
(The effective date: Cannot be the date this document is filed	Filing, enter the effective date: prior to date of receipt or filed date nor more than 90 calendar days after by the Florida Department of State.) does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
5. The plan of conversion has bee	n approved in accordance with all applicable statutes.
	ess Entity" has agreed to pay any members having appraisal rights the amount to d under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this	s <u>26th</u>	day of NOVEMBER	20 <u>19</u>	
<u>Signature</u>	of Authorized	l Representative of L	imited Liability Company:	
Signature of Printed Na	of Authorized me: <u>RICHARD S</u>	Representative:	Title: MANAGER	
Signature((s) on behalf of	Other Business Entity	y: See below for required sign	nature(s)]
Signature:	, E.,			
Printed Na			Title: MANAGER	
Signature:				
Printed Na	me:		Title:	
Signature:				
Printed Na	me:		Title:	
Signature:				
Printed Na	me:		Title:	
Signature:				<u> </u>
Printed Na	me:		Title:	
Signature:				
Printed Nai	me:		Title:	
Signature o	Corporation: of Chairman, Vistor Officers ha	ce Chairman, Director, we not been selected, an	or Officer. Incorporator must sign.	
<u>If Florida</u>	General Partn	ership or Limited Lial	oility Partnership:	
Signature o	of one General I	artner.		
If Florida Signatures	Limited Partn of <u>ALL</u> Genera	<mark>ership or Limited Lial</mark> Il Partners.	pility Limited Partnership:	
All others: Signature o	; of an authorized	person.		
Fees:				
Fee Cer	icles of Conve es for Florida A tified Copy: tificate of Stat	rticles of Organization	\$25.00 n: \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	s:
AUTOMATED COMPLIANCE MANAGEMENT, LI	
(Must contain the words "Limited Liabi	ility Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
212 South West Shore Blvd.	212 South West Shore Blvd.
Tampa, FL 33609	Tampa, FL 33609
The name and the Florida street address of the Corporation Service Company Nam	<u> </u>
1201 Hays Street	
Florida street address (P.	O. Box NOT acceptable)
Tallahassee	FL 32301
City	Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all experiormance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S Lydia Cohen Asst. Vice President
Registered Agent's Sig	gnature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	NIGULARD COURTS
MGR	RICHARD SCHELL
	212 South West Shore Blvd.
	Tampa, FL 33609
	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605,0203 (1) (b). Florida Statutes, I am aware
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. RICHARD SCHELL, MEMBER	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree felloped or printed name of signee

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

ARTICLE IV-