

L19000288408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

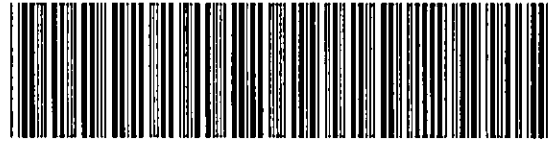
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000336030100

11/01/19--00023--005 \*\*155.00

C RICO  
NOV 01 2019

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
19 NOV - 1 PM 2:23

# BOND SCHOENECK & KING

---

.001 Tamiami Trail North, Suite 250 | Naples, FL 34103-3555 | [bsk.com](mailto:bsk.com)

GAIL D. GRYGIEL  
[ggrygiel@bsk.com](mailto:ggrygiel@bsk.com)  
P: 239-659-3817

October 31, 2019

**VIA FED EX**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: *Articles of Conversion / BLT Advisory Services, LLC*

Dear Sir/Madam:

Enclosed are:

1. Articles of Conversion; and
2. check payable to Florida Department of State in the amount of \$155.00 to cover filing and certified copy fees for same.

**Please return the certified copy to us in the enclosed postage paid envelope.**

Thank you.

Very truly yours,

BOND, SCHOENECK & KING, PLLC



Gail D. Grygiel  
Paralegal

GDG/  
Enclosures

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

The Articles of Conversion **and attached Articles of Organization** 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:  
BLT Advisory Services, LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a limited liability company  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Colorado  
(Enter state, or if a non-U.S. entity, the name of the country)

on August 29, 2012  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
BLT Advisory Services, 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.

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.

FILED  
IN THE  
OFFICE OF  
CLERK OF  
COURT  
19 NOV - 1 PM 2:23

Signed this \_\_\_\_\_ day of October \_\_\_\_\_ 20 19 \_\_\_\_\_.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: Robert B. Engel  
Printed Name: Robert B. Engel Title: Member

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: Robert B. Engel  
Printed Name: Robert B. Engel Title: Member

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**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:

BLT Advisory Services, LLC

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

16317 Corsica Way

Naples, FL 34110

**Mailing Address:**

16317 Corsica Way

Naples, FL 34110

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Robert B. Engel

Name

16317 Corsica Way

Florida street address (P.O. Box **NOT** acceptable)

Naples

City

FL 34110

Zip

*Having been named as registered agent and to accept service of process for the above stated limited 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.*

Robert B. Engel

Registered Agent's Signature (REQUIRED)

(CONTINUED)

NOV - 1 PM 2:23

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Robert B. Engel

16317 Corsica Way

Naples, FL 34110

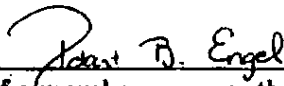
19 NOV - 1 PM 2:23

RECEIVED  
NOV 19 2019  
CLERK OF COURT  
STATE OF FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**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.

Robert B. Engel

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)