# L2000103747

	(Requestor's Name)
<del></del>	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



200343203232

2020 APR 16 AM 9: 35
SECRETARY OF STATE

LOULLION N

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 04/16/2020	**WALK IN
ENTITY NAME CORNER	STONE FINANCIAL SERVICES, INC.
	<u> </u>
DOCUMENT NUMBER	
	**PLEASE FILE THE ATTACHED AND RETURN**
	Plain Copy
<del></del>	Certified Copy
XXXX	Certificate of Status
**PL	EASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
<del></del>	Certified Copy of Arts & Amendments
	Certificate of Good Standing
	**APOSTILLE' / NOTARIAL CERTIFICATION**
COUNTRY OF DESTINATION	N
NUMBER OF CERTIFICATE	S REQUESTED
TOTAL OWED \$155.00	ACCOUNT #: I20160000072
	S 8 FM
Please call Tina at the	above number for any issues or concerns. Thank you so much!

#### **COVER LETTER**

TO:	New Filing Division of	Section Corporations				
SUBJ	ECT: Comer	stone Financial Solution	s, Inc	·.		
		<del></del>		ng Florida Limi	ted Co	миралу)
The er Busine	sclosed Articl ≲s Entity" int	es of Conversion, Arti o a "Florida Limited I	cles .iabi	of Organizati lity Company	on, a	and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please	return all cor	respondence concerns	ng th	is matter to:		
Robert	Lanzer					
		(Comact Person)	····		-	
	<del></del>	(Firm/Company)			•	
6167 N	W 79th Way			·		
		(Address)				
Parklar	nd, Fl. 33067					
		City, State and Zip Code)				
rlinzen	@mindspring.c	om				
E-m	al Address: (to l	oc used for future annual re	post i	notifications)		
For fur	ther informati	ion concerning this ma	tter,	please call:		
Robert	Linzor		at	954	444-	5351
	(Name of Come	nct Person)	_"		(Day	ytime Telephone Number)
Enclose dollars	ed is a check f and drawn on	or the following amou a bank located in the	int; (, Unit	All checks or		sed by this office must be payable in US
\$25 for (	00 Filing Fees Conversion or Articles ization)	\$155.00 Filing Fees and Certificate of Status	∏.s and	180.00 Filing F Certified Copy	Foes	Cs 185.00 Fiting Fees, Certified Copy, and Certificate of Status
į	Mailing Add	ress:			itree	t Address:
	New Filing Se			-		Filing Section
	Division of C					ion of Corporations
	P.O. Box 632	•				entre of Tallahassee
	Fallahassee, F	TL 32314				N. Monroe Street, Suite 810
					анаг	nassoc, FL 32303

INHS11 (7/17)

FILED

2020 APR 16 AM 9: 35

SECRETARY OF STATE TALLAHASSEE, FL

# 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:  Cornerstone Financial Solutions, Inc.
(Enter Name of Other Business Furity)
2. The "Other Business Entity" is a corporation (finite entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(Finter entity type: Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of [Florida (Enter state, or if a non-U.S. emity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
June 18, 2013
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Comerstone Financial Solutions, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: date of filing
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 recently.
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 emitted under ss. 605,1006 and 605,1061-605,1072, F.S.

Signed this day of And	
Signed this day of April	20
Signature of Authorized Representative	e of Limited Liability Company:
Signature of Authorized Representative:	
Printed Name: Robert Linzer	Title: President
Signature(s) on behalf of Other Business	Entity:  See below for required signatu
Signature	
Printed Name: Robert Linzer	
	· · · · · · · · · · · · · · · · · · ·
Signature: Printed Name:	Tricks .
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature: Printed Name:	Title
NIGRATION:	
Printed Name:	
Printed Name:	Title:
If Florida Corporation:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Dire	ector, or Officer
If Florida Corporation: Signature of Chairman, Vice Chairman, Dire	ector, or Officer
If Florida Corporation: Signature of Chairman, Vice Chairman, Dire If Directors or Officers have not been selecte If Florida General Partnership or Limited	ector, or Officer. ed, an Incorporator must sign.
If Florida Corporation: Signature of Chairman, Vice Chairman, Dire If Directors or Officers have not been selecte If Florida General Partnership or Limited	ector, or Officer. ed, an Incorporator must sign.
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected Florida General Partnership or Limited Signature of one General Partner.	ector, or Officer. ed, an incorporator must sign. Linhility Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected for the Chairman of Chairman, Directors or Officers have not been selected for the Chairman of Chairman or Limited Florida Limited Partnership or Limited	ector, or Officer. ed, an incorporator must sign. Linhility Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected. If Florida General Partnership or Limited Signature of one General Partner. If Florida Limited Partnership or Limited Signatures of ALL General Partners.	ector, or Officer. ed, an incorporator must sign. Linhility Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected. If Florida General Partnership or Limited Signature of one General Partner.  If Florida Limited Partnership or Limited Signatures of ALL General Partners.	ector, or Officer. ed, an incorporator must sign. Linhility Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected. If Florida General Partnership or Limited Signature of one General Partner. If Florida Limited Partnership or Limited Signatures of ALL General Partners.  If others: If others:	ector, or Officer. ed, an incorporator must sign. Linhility Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected. If Florida General Partnership or Limited Signature of one General Partner. If Florida Limited Partnership or Limited Signatures of ALL General Partners.  If others: If others:	ector, or Officer. ed, an incorporator must sign. Linhility Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected. If Directors or Officers have not been selected. If Florida General Partnership or Limited Signature of one General Partner.  If Florida Limited Partnership or Limited Signatures of ALL General Partners.  All others: Signature of an authorized person.  Cos.	ector, or Officer. ed, an Incorporator must sign.  Linbility Partnership:  Linbility Limited Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected of Directors or Officers have not been selected of Florida General Partnership or Limited Signature of one General Partner.  If Florida Limited Partnership or Limited Signatures of ALL General Partners.  All others: Signature of an authorized person.  Sees:  Articles of Conversion: Fees for Florida Articles of Organizero.	ector, or Officer. ed, an Incorporator must sign.  Linhility Partnership:  Linhility Limited Partnership:  \$25.00
Signature:  Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Dire If Directors or Officers have not been selecte If Florida General Partnership or Limited Signature of one General Partner.  If Florida Limited Partnership or Limited Signatures of ALL General Partners.  All others: Signature of an authorized person.  Sees:  Articles of Conversion: Fees for Florida Articles of Organiz: Certified Copy: Certificate of Status:	ector, or Officer. ed, an Incorporator must sign.  Linhility Partnership:  Linhility Limited Partnership:  \$25.00

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Con	npany is:
Comerstone Financial Solutions, LLC	
(Mast contain the words "Lim	ized Linbulty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
5 and the street model as	of the principal office of the failined chapting Company is:
Principal Office Address:	Mailing Address:
1901 W Cypross Creek Road	1901 W Cypress Creek Road
Suite 400	Suite 400
Fort Lauderdale, Florida 33309	Fort Lauderdale, Florida 33309
ARTICLE III - Registered Agent, Re	rgistered Office, & Registered Agent's Signature:
(The Limited Liability Company connect serve as its business entity with an active Florida registration.)	OWN Recrutered Agent. You must decignate an individual or must be (A)
	+ 1 **1

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

Name

6167 NW 79th Way

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

Parkland

City

Zip

SECRETARY OF STATE
TALLAHASSEF FI

Having been named as registered ugent 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:	
"AMBR" + Authorized Member		
"MGR" = Manager MGB	0-1-1-1	
18601	Robert Linzer	
	6167 NW 79th Way Parkland, FL 33067	
	7 aniano, PE 33087	
MGR	Christopher Burke	
	10182 Emerson Street	
	Parktand, FL 33076	
		国品
		主题
(Use attachment if necessary)		ECRETARY OF ST TALLAHASSEE,
CLE V: Other provisions, if any.		$\sin w$
		귀됨
	. <del></del> .	
REQUIRED SIGNATURE:		
KEQUIRE, D SIGNATURE:	- Andrews	
KEQUIRE, D SIGNATURE:		
Signature of a member or a This document is executed in accordance of any false information submitted in a document	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes. I am aware that the Department of State constitutes a third degree felor	ıi Iy
Signature of a member or a This document is executed in accordance	with section 605,0203 (1) (b). Florida Statutes, 1 am aware the neut to the Department of State constitutes a third degree felor	ii Ty

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)

ARTICLE IV-