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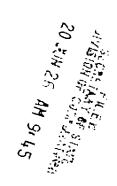




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COVER LETTER

TO:	New Filing Se Division of C						
SHRII	FCT. VALUE 8	ACCESS ADVISORS,	LLC				
оо Б ол		(Name of Res	ulting Flor	ida Limite	d Com	npany)	
						d fees are submitted to convert an "Ot coordance with s. 605.1045, F.S.	her
Please	return all corre	espondence concerning	g this ma	tter to:			
SUSAI	N SUPONCIC						
		(Contact Person)	·				
Value	& Access Adviso	ors, LLC					
		(Firm/Company)	<u>-</u>				
1325 8	Snell Isle Bivd Ni	E, Unit 702					
		(Address)	-				
St Pete	ersburg, FL 3370	04					
		City, State and Zip Code)					
ssupor	ncic@gmail.com	•					
=	- -	e used for future annual re	port notific	ations)			
For Iu	rtner information	on concerning this ma	tter, pieas	se can:			
Susan	Suponcic		_at (_ ⁴⁸⁴		9052	167	
	(Name of Conta	ct Person)	(Aı	ea Code)	(Day	rtime Telephone Number)	
		or the following amou a bank located in the	•	•	rocess	sed by this office must be payable in U	JS
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	\$155.00 Filing Fees and Certificate of Status		00 Filing I ified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Add New Filing So Division of C P.O. Box 632	ection orporations		1	New I Divisi	t Address: Filing Section ion of Corporations Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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: Value & Access Advisors, 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
(Enter state, or if a non-U.S. entity, the name of the country)
January 30, 2019 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Value & Access Advisors, 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.

\$5.00 (Optional)

Certificate of Status:

HYBIOHOF CONFERNIA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Value & Access Advisors, LLC (Must contain the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	
1325 Snell Isle Blvd NE	1325 Snell Isle Blvd NE	
Unit 702	Unit 702	
St Petersburg, FL 33704	St Petersburg, FL 33704	
(The Limited Liability Company cannot serve as its o	gistered Office, & Registered Agent's Sown Registered Agent. You must designate an individu	lignature: al or another
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individu	Signature: al or another
(The Limited Liability Company cannot serve as its chusiness entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individu	al or another
(The Limited Liability Company cannot serve as its c husiness entity with an active Florida registration.)	own Registered Agent. You must designate an individu of the registered agent are: utions Inc.	Signature: al or another 20 **JW 26
(The Limited Liability Company cannot serve as its chusiness entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individu	al or another 47/8/504-03-03-03-03-03-03-03-03-03-03-03-03-03-
(The Limited Liability Company cannot serve as its chusiness entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individu of the registered agent are: utions Inc. Name	al or another 47/8/504-03-03-03-03-03-03-03-03-03-03-03-03-03-
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address Registered Agent Sol 155 Office Plaza Drive	own Registered Agent. You must designate an individu of the registered agent are: utions Inc. Name	al or another al or
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address Registered Agent Sol 155 Office Plaza Drive	own Registered Agent. You must designate an individu of the registered agent are: utions Inc. Name e. Suite A	al or another

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.

Mackenzie Hart, Asst. Secretary

Registered Agent's Signature (REQUIRED)

(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	Susan Suponcic
	1325 Snell Isle Blvd NE, Unit 702
	St Petersburg FL 33704
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Jusan Jo	
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 the
any false information submitted in a docur	ment to the Department of State constitutes a third degree fel-
as provided for in s.817.155, F.S.	
Sugar Suranaia	
Susan Suponcic	and or printed purpo of signer
тур	ped 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)