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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

9/16/2020

D	ate:	9/16/2020	- w: DW
		Acc#I2016000007	2 4: () J W
Name:	EQUITA F	INANCIAL AND INSU	JRANCE SERVICES, INC.
Document #:			
Order #:	13216675	-5	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amoun	t:\$ 150.00	
		Thank you!	

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: Equita Financial and Insurance Services, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation P97 0000 32086 (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
on April 9, 1997 (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Equita Financial and Insurance 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.

Signed this 14th day of September	20_ <u>20</u>
Signature of Authorized Representative of L	imited Liability Company:
Signature of Authorized Representative:	Title: Manager
Signature(s) on behalf of Other Business Entity Shawn T. Lowry	y. [See below for required signature(s)]
Printed Name: Shawn Lowry	Title: CEO
Signature:	
Signature:Printed Name:	Title:
Signature:	
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 If Directors or Officers have not been selected, a	
If Florida General Partnership or Limited Lia Signature of one General Partner.	ibility Partnership:
If Florida Limited Partnership or Limited Liz Signatures of ALL General Partners.	ability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization Certified Copy: Certificate of Status:	\$25.00 on: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION

EQUITA FINANCIAL AND INSURANCE SERVICES. LLC. a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

EQUITA FINANCIAL AND INSURANCE SERVICES, LLC

ARTICLE II PRINCIPAL OFFICE AND MAILING ADDRESS

The street address and the mailing address of the principal place of business of the Limited Liability Company shall be:

> 1651 N. Collins Blvd. Suite 300 Richardson, Texas 75080

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

压5:5: The registered office of the Limited Liability Company and its initial registered agent shall be:

> CT Corporation System 1200 South Pine Island Road Plantation, Florida 33324

ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers. The initial Manager shall be as follows:

> Shawn Lowry 1651 N. Collins Blvd. Suite 300 Richardson, Texas 75080

These Articles of Organization have been executed as of the 14th day of September, 2020.

Shawn T. Lowry

Shawn Lowry

"Authorized Person"

<u>CERTIFICATE OF DESIGNATION OF</u> REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0203 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

EQUITA FINANCIAL AND INSURANCE SERVICES, LLC

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

CT Corporation System 1200 South Pine Island Road Plantation, Florida 33324

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

CT Corporation System

Date: September 15, 2020

Madonna Cuddihy, Assistan Secretary

"REGISTERED AGENT"