L20000 366039

| | (Requestor's Name) |
|---------|-------------------------------------|
| | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| | PICK-UP WAIT MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| Certifi | ed Copies Certificates of Status |
| Spec | ial Instructions to Filing Officer: |
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| | |
| | Office Use Only |



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2878 NO. 1.3 B. 1. 2: 20



November 16, 2020

New Filing Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Currey Financial Consulting, LLC [M2000008254]

To Whom It May Concern:

Currey Financial Consulting, LLC was recently approved as a 'foreign' LLC in Florida. I have come to understand that I should be moving my business to a Florida LLC instead of Maryland, since I am now a full-time resident of Florida.

Enclosed is the application to convert my Maryland LLC to a Florida LLC. Please let me know if there is any other information needed. As soon as I hear of approval, I will dissolve the Maryland LLC.

Sincerely,

CURREY FINANCIAL CONSULTING, LLC

Patricia L. Currey, CFP®

Principal

Enclosures

COVER LETTER

| Γ | O: New Filing Section Division of Corporations | | | | | |
|-----------|--|-----------------|-----------------------------------|---------------------------------------|--|-----------------|
| S I | BJECT: Currey Financial Consulting, LLC | С | | | | |
| ., , | | | ; Florida Limit | ed Compar | ny) | |
| Γl Bi | e enclosed Articles of Conversion, Artic isiness Entity" into a "Florida Limited Li | les o labili | f Organizatio ty Company | on, and fo | ees are submitted to convert rdance with s. 605.1045, F.S | an "Other S. |
|) | ease return all correspondence concerning | g this | s matter to: | | | |
| P | tricia L. Currey, CFP | | | | | |
| | (Contact Person) | | · | | | |
| С | urrey Financial Consulting, LLC | | | | | |
| | (Firm/Company) | | , | | | |
| 15 | 55 NE Ocean Blvd., N-308 | | | | | |
| | (Address) | - | | | | |
| St | uart, FL 34996 | | | | | |
| | (City, State and Zip Code) | | | | | |
| pa | t@CurreyFinancial.com | | | | | |
| | E-mail Address: (to be used for future annual re | port n | otifications) | | | |
| C | r further information concerning this mat | iter, j | olease call: | | | |
| | tricia L. Currey, CFP | | 410 | 956-0655 | 5 | |
| _ | (Name of Contact Person) | at (| (Area Code) | | : Telephone Number) | |
| | closed is a check for the following amou llars and drawn on a bank located in the l | | All checks pi | • | • | ole in US |
| \$2 }: | \$150.00 Filing Fees 5 for Conversion and Certificate of Status Organization) | | 180.00 Filing I Certified Copy | Ce | \$185.00 Filing Fees. crtified Copy. and crtificate of Status | 2728 (0.7) |
| | Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | |) - - | Division of The Centi 2415 N. M | Idress: ng Section of Corporations re of Tallahassee Monroe Street, Suite 810 Lace, FL 32303 | 19 F.: 5: 50 |

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 atutes. |
|-----------------------|--|
| 1. C | The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: |
| | (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.) |
| Fi | Maryland est organized, formed or incorporated under the laws of |
| | (Enter state, or if a non-U.S. entity, the name of the country) |
| 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: |
| C | urrey Financial Consulting, LLC |
| | (Enter Name of Florida Limited Liability Company) |
| (T th <u>No</u> | If not effective on the date of filing, enter the effective date: he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after e date this document is filed by the Florida Department of State.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the sument's effective date on the Department of State's records. |
| 5. | l 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. |
| | 2028 RE 7 19 PM 58 50 |

| Signed this 16th day of November | 20 <u>20</u> |
|---|---|
| Signature of Authorized Representativ | |
| Signature of Authorized Representative: Printed Name: Patricia L. Currey | Faricia & Cerrey |
| Signature(s) on behalf of Other Business | Entity: [See below for required signature(s)] |
| Signature: Tatricia (| I see below for required signature(s) |
| Printed Name: Patricia L. Currey | Title: Principal |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| | |
| Printed Name: | Title: |
| | |
| Signature:Printed Name: | Title: |
| | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Dir | rector, or Officer |
| If Directors or Officers have not been selec | ted, an Incorporator must sign. |
| <u>If Florida General Partnership or Limite</u> | d Liability Partnership |
| Signature of one General Partner. | d Elabite Partiersing. |
| <u> If Florida Limited Partnership or Limite</u> | d I Sabilian I Sustant Donas and S |
| Signatures of <u>ALL</u> General Partners. | d Liability Limited Partnership: |
| All nab anno | |
| All others: Signature of an authorized person. | |
| | |
| <u>Fees:</u> | |
| Articles of Conversion: Fees for Florida Articles of Organi Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is | | ALITY COMING |
|---|---|--|
| , company | , | |
| Currey Financial Consulting, LLC | | |
| (Must contain the words "Limited Liabil | ity Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | | |
| The mailing address and street address of the p | principal office of the Limited | Liability Company is: |
| | | , |
| Principal Office Address: | Mailing Address: | |
| 1555 NE Ocean Blvd., N-308 | 1555 NE Ocean Blvd., N-30 | 8 |
| Stuart, FL 34996 | Stuart, FL 34996 | |
| | | |
| ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) | d Office, & Registered Ager stered Agent. You must designate an in | nt's Signature: idividual or another |
| The name and the Florida street address of the | registered agent are: | |
| Patricia L. Currey | | |
| Nam | <u> </u> | |
| 1555 NE Ocean Blvd., N-308 | | |
| Florida street address (P.C | | |
| Stuart | 111 34996 | |
| City | <u>FL</u> 34330 Zip | |
| | Σip | |
| Having been named as registered agent and t liability company at the place designated is registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as re | n this certificate, I hereby acce city. I further agree to comply performance of my duties, and | ept the appointment as with the provisions of all I I am familiar with and |
| Registered Agent's Sign | nature (REQUIRED) | 2028 NOT 1 |
| (CONTIN | (UED) | 9 |
| | | |
| | | 전: 영 |
| | | 50 |

| "AMBR" = Authorized Member | Name and Address: |
|--|--|
| "MGR" = Manager MGR | Patricia L. Currey |
| | 1555 NE Ocean Blvd., N-308 |
| | Stuart, FL 34996 |
| | |
| | <u></u> |
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| | |
| | |
| Use attachment if necessary) | |
| (Use attachment if necessary) LE V: Other provisions, if any. | |
| LE V: Other provisions, if any. | |
| • * | J. Currey |
| REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance. | r an authorized representative of a member re with section 605.0203 (1) (b). Florida Statutes. I am awarument to the Department of State constitutes a third degree |
| REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document is a document in a docum | r an authorized representative of a member re with section 605.0203 (1) (b). Florida Statutes. I am awar ument to the Department of State constitutes a third degree |
| Signature of a member or This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S. Patricia L. Currey | e with section 605.0203 (1) (b). Florida Statutes, Lamawar |

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

ARTICLE IV-

Company: