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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Cartified Coning Cartificator of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
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Sunshine State Corporate Compliance Company

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

DATE 12/30/2020	_	#WALK IN
ENTITY NAME THE G	OBEL GROUP, LLC	
DOCUMENT NUMBER_		
	PLEASE FILE THE ATTACHED AND RETURN	
XXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
OUNTRY OF DESTINAT	TON	
IUMBER OF CERTIFICA.	TES REQUESTED	
OTAL OWED \$150.00	ACCOUNT #: I2016000	
Please call Tina at th	e above number for any issues or concerns. Thank y	

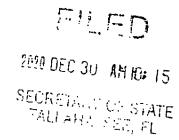
COVER LETTER

TO: New Filing Some Division of C				
SUBJECT: The Gol	pel Group, LLC			
30B0ECT1	(Name of Res	sulting Florida Limi	cd Cor	npany)
				d fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:		
Gordon W. Prince, Es	quire			
	(Contact Person)		-	
Gawthrop Greenwood	I, PC			
	(Firm/Company)		-	
17 East Gay Street, S	uite 100, P.O. Box 562			
	(Address)		-	
West Chester, PA 19	380			
(0	City, State and Zip Code)		-	
gprince@gawthrop.co	m			
E-mail Address: (to b	e used for future annual re	port notifications)	-	
For further information	on concerning this ma	tter, please call:		
Gordon W. Prince, Es	quire	_at (610	696-	3225
(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
	or the following amou a bank located in the	•	rocess	sed by this office must be payable in US
\$150.00 Filing Fees \$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Cop		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Adda New Filing So Division of Co P.O. Box 632	ection orporations		New I Divisi	Address: Filing Section on of Corporations entre 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 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:

The Gobel Group, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a [Imited 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)
07/26/2016
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
The Gobel Group, 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.

Printed Name:		
Signature: Printed Name: Chad Gobal Signature: Printed Name: Chad Gobal 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 Partnership or Limited Liability Limited Partnership Signatures of ALL General Partners. All others:	gnature of Authorized Representative:	S/ Gordon W. Prince
Signature: Printed Name: Chad Gobbl Signature: Printed Name: Title: Signature of Chainnan, Vice Chairman, Director, or Officer. If Florida Corporation: Signature of Chainnan, 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 Partnership or Limited Liability Limited Partnership Signatures of ALL General Partners. All others:	inted Name: Gordon W. Prince, Esquire	Title:
Printed Name: Chad Gobble Title: Managing Mar 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 Partnersh Signatures of ALL General Partnersh Signatures of ALL General Partners. All others:	unature(s) on behalf of Other Business l	Entity: (See below for required signatu
Printed Name: Chad Gobble Title: Managing Mar 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 Partnersh. Signatures of ALL General Partnersh. All others:	enature: Chaly Viz	
Signature: Printed Name: 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.	inted Name: Chad Gobel	Title: Managing Member
Signature: Printed Name: 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.	gnature;	
Printed Name:	inted Name:	Title:
Printed Name:	gnature:	
Printed Name:	inted Name:	Title:
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Signature: Printed Name: 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:	inted Name:	Title:
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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 one General Partner. <u>If Florida Limited Partnership or Limited Liability Limited Partnershi</u> Signatures of <u>ALL</u> General Partners. <u>All others:</u>		
If Florida Limited Partnership or Limited Liability Limited Partnership Signatures of ALL General Partners. All others:		Liability Partnership:
Signatures of <u>ALL</u> General Partners. All others:	•	
	<u>Florida Limited Partnership or Limited</u> gnatures of <u>ALL</u> General Partners.	Liability Limited Partnership:
Signature of an audiotized porson.	gnature of an authorized person.	
Fees:	es:	
		#0.5.AD
Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00		

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

((Must contain the words "Limited Li	ability Company, "L.L.C.," or "L.L.C.")	
ARTICLE II -	Address:		
The mailing add	lress and street address of th	e principal office of the Limited Lia	ibility Company is:
Principal Office	e Address:	Mailing Address:	
200 Old Forge La	ลกe	Same	
Suite 202			
Kennett Square, I	PA 10348		
ARTICLE III - The Limited Liability	Registered Agent, Registe y Company cannot serve as its own F	ered Office, & Registered Agent's Registered Agent. You must designate an individ	lual or another
ARTICLE III - The Limited Liability business entity with	Registered Agent, Registe	Registered Agent. You must designate an individ	lual or another
ARTICLE III - The Limited Liability business entity with	Registered Agent, Register of Company cannot serve as its own Fan active Florida registration.) The Florida street address of the URS Agents, LLC	Registered Agent. You must designate an individ	lual or another
ARTICLE III - The Limited Liability business entity with	Registered Agent, Registery Company cannot serve as its own Fan active Florida registration.) The Florida street address of the URS Agents, LLC N 3458 Lakeshore Drive	Registered Agent. You must designate an individence he registered agent are:	lual or another
ARTICLE III - The Limited Liability business entity with	Registered Agent, Registery Company cannot serve as its own Fan active Florida registration.) The Florida street address of the URS Agents, LLC N 3458 Lakeshore Drive	Registered Agent. You must designate an individ	lual or another
ARTICLE III - The Limited Liability business entity with	Registered Agent, Registery Company cannot serve as its own Fan active Florida registration.) The Florida street address of the URS Agents, LLC N 3458 Lakeshore Drive	Registered Agent. You must designate an individence he registered agent are:	SECRETATIONS SEC

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Katthy Ckark, Asst. Secretary

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

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" ≈ Manager - AMBR	Chad Gobel
	200 Old Forge Lane, Suite 202
	Kennett Square PA 19348
	· · · · · · · · · · · · · · · · · · ·
Use attachment if necessary)	
Use attachment if necessary)	
v.	
· ·	
Use attachment if necessary) EV: Other provisions, if any.	
v.	
JE V: Other provisions, if any.	
JE V: Other provisions, if any.	
EV: Other provisions, if any.	
,	
REQUIRED SIGNATURE:	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the
EV: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or a this document is executed in accordance any false information submitted in a document in a d	with section 605,0203 (1) (b), Florida Statutes. I am aware the
Signature of a member or any false information submitted in a docur as provided for in s.817.155. F.S.	with section 605,0203 (1) (b), Florida Statutes, I am aware the
EV: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or: This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S. Chad Gobel	with section 605,0203 (1) (b), Florida Statutes. I am aware the nent to the Department of State constitutes a third degree feld
REQUIRED SIGNATURE: Signature of a member or: This document is executed in accordance any false information submitted in a docur as provided for in s.817.155. F.S. Chad Gobel	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felocated or printed name of signee

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

ARTICLE IV-