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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TO:	New Filing So Division of C				· · · · · · · · · · · · · · · · · · ·	
SHRI	ECT: H. M. Rile	ey Associates, LLC				
30 D 0	LC1		Resulting Florida Lin	nited Co	mpany)	
			_		nd fees are submitted to con accordance with s. 605.1045	
Please	e return all corre	espondence concer	ning this matter to	:		
H. Mc	Guire Riley					
	-	(Contact Person)		_		
H. M.	Riley Associates	, LLC		_		
		(Firm/Company)				
5100	N Ocean Blvd Un	nit 319		_		
		(Address)				
Laude	rdale By The Sea	a, Florida, 33308				
	((City, State and Zip Cod	le)	_		
admin	@hmrileyllc.com	1		_		
E-r	nail Address; (to b	e used for future annua	d report notifications)			
For fu	rther information	on concerning this	matter, please call	:		
Н. Мс	Guire Riley		at (⁷⁰³	_\ 2419	9812	
	(Name of Conta	ict Person)		e) (Da	ytime Telephone Number)	
		or the following an a bank located in t		proces	sed by this office must be p	oayable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	S155.00 Filing Fed and Certificate of Status	es S180.00 Filin and Certified Co		S185.00 Filing Fees, Certified Copy, and Certificate of Status	2(2) J 20
	Mailing Addr New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New Divis The 0 2415	Et Address: Filing Section Sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 81	급: : : : : : : : : : : : : : : : : : : :

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 Article H. M. Riley Associates, LLC	es of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a General Partnership (Enter entity type. Example: corporation, limited partnership, general partnership, common	n law or business trust, etc.
First organized, formed or incorporated under the laws of	
May 18, 2006	
on (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	eles of Organization:
H. M. Riley Associates, 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 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 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 appraisa which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	al rights!the amount to

Signed this 15 day of January	20 01
Signed this 12 day of 34rday 9	
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	The feet of the fe
Printed Name: H. McGuice Kiley	_ Title: Managing Member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Han R. One	
Signature:	
Signature: Printed Name: H. McGuice Reley	_ Title: <u>Managing Member</u>
Signature: Printed Name:	Title:
Timed Name.	
Signature:	
Printed Name:	Title:
Cimatura	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signatura	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnershin:
Signature of one General Partner.	
_	
If Florida Limited Partnership or Limited Liability	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	, to 7
•	
<u>Fees:</u>	: -
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

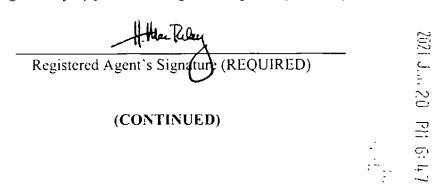
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H. M. Riley Associates, LLC	
(Must contain the words "Limited	d Liability Company, "L.L.C.," or "LLC.")
_	f the principal office of the Limited Liability Company
	f the principal office of the Limited Liability Company Mailing Address:
The mailing address and street address of	
The mailing address and street address of Principal Office Address:	Mailing Address:

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

H. McGuire Riley	
Name	;
5100 N Ocean Blvd Unit 319	
Florida street address (P.O.	Box NOT acceptable)
Lauderdale By The Sea	FL 33308
City	Zip

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..



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

<u>l'itle:</u>	Name and Address:
'AMBR" = Authorized Member	r
'MGR" = Manager MGR	H. McGuire Riley
MGR	5100 N Ocean Blvd, Unit 319
	Lauderdale By The Sea, FL 33308
Use attachment if necessary) LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membe	er or an authorized representative of a member
Signature of a member This document is executed in accordany false information submitted in a as provided for in s.817.155, F.S.	er or an authorized representative of a member dance with section 605.0203 (1) (b), Florida Statutes. I am awa document to the Department of State constitutes a third degree
REQUIRED SIGNATURE: Signature of a member This document is executed in accordany false information submitted in a	er or an authorized epresentative of a member dance with section 605.0203 (1) (b), Florida Statutes, I am award document to the Department of State constitutes a third degree
E V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in accordany false information submitted in a as provided for in s.817.155, F.S.	er or an authorized representative of a member dance with section 605.0203 (1) (b), Florida Statutes. I am awa