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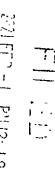
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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<b>\-</b>		•
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Codified Copies	Cortification	of Status
Certified Copies	Certificates	or Status
Special Instructions to	Filing Officer:	

Office Use Only



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#### **COVER LETTER**

TO: New Filing Division of	Section Corporations				
SUBJECT: AJE W	ealth Management, LLC				
Sobsect		sulting Florida L	imited Co	mpany)	
				nd fees are submitted to conve accordance with s. 605.1045, F	
Please return all co	rrespondence concernir	ig this matter (	o:		
James Hatfield					
	(Contact Person)				
St. Johns Law Group	)				
	(Firm/Company)				
104 Sea Grove Main	St				
	(Address)				j
Saint Augustine, FL	32080				· · · · · · · · · · · · · · · · · · ·
<del></del>	(City, State and Zip Code)				_}
anthony@ajewealthr	naлagement.com				-
E-mail Address: (to	be used for future annual re	port notification	s)		
For further informa	tion concerning this ma	uter, please ca	Н:		77 13 13
James Hatfield		904	495-	-0400	co
(Name of Cor	tact Person)	(Area Co	ode) (Da	-0400 ytime Telephone Number)	
dollars and drawn c	n a bank located in the	United States	)	sed by this office must be paya	able in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□S155.00 Filing Fees and Certificate of Status	□\$180.00 Fil and Certified		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Ad New Filing Division of P.O. Box 63	Section Corporations 27		New Divis The C	Filing Section tion of Corporations Centre of Tallahassee  N. Monroe Street, Suite 810	

Tallahassee, FL 32303

#### 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:  AJE Wealth Management, 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 New Jersey  (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
on August 02, 2012 (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
AJE Wealth Management, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 3//207/ (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 encrosed in accordance with all applicable statutes

- 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 28th day of January	20 21
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name; Anthony Evgenikos	the AMBR
Signature(s) on behalf of Other Business Entity:	
Signature: Lowbry Togento.	
Printed Name: Anthony Evgenikos	Title: Member
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	tv Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty 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 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CÔMPANY

					, 0
ARTICLE I - Na The name of the L		ty Company	is:		
AJE Wealth Manag			<u> </u>		
(M	ust contain the wo	rds "Limited Lia	ibility Company,	"L.L.C.," or "LLC.	")
ARTICLE II - Ac The mailing addre		ddress of the	e principal of	ffice of the Lim	ited Liability Company is:
Principal Office	Address:		Mailin	g Address:	
412 Clifton Bay Loc	р		412 Clif	fton Bay Loop	
St. Johns, FL 3225	9		St. Johr	ns, FL 32259	
ARTICLE III - F (The Limited Liability Cousiness entity with an The name and the	Company cannot se active Florida regi	rve as its own Restration.)	egistered Agent.	You must designate	Agent's Signature: an individual or another
The name and the	i torida strect	addiess of ti	ne registered	agent are.	
	Anthony Evg	enikos		····	
		Na	ame		
	412 Clifton B	ау Lоор			
	Florida stre	et address (F	P.O. Box <u>NO</u>	<u>T</u> acceptable)	
	St. Johns		FL <sup>3</sup>	2259	
	<del></del>	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Anthony Francisco
AWBR	Anthony Evgenikos
	412 Clifton Bay Loop St. Johns, FL 32259
	St. Johns, FC 32259
***	
/II	
(1100 officebrooms) if managements	
(Use attachment if necessary)	
(Use attachment if necessary)	
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(Use attachment if necessary)  CLE V: Other provisions, if any.	
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CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	h
CLE V: Other provisions, if any.	uke.
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member or as	n authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or an This document is executed in accordance we	n authorized representative of a member rith section 605.0203 (1) (b), Florida Statutes. I am aware tha
REQUIRED SIGNATURE:  Signature of a member or an This document is executed in accordance we any false information submitted in a document.	n authorized representative of a member rith section 605.0203 (1) (b), Florida Statutes. I am aware tha
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REQUIRED SIGNATURE:  Signature of a member or an This document is executed in accordance we any false information submitted in a document as provided for in s.817.155, F.S.	n authorized representative of a member rith section 605.0203 (1) (b), Florida Statutes. I am aware tha
REQUIRED SIGNATURE:  Signature of a member or at This document is executed in accordance wany false information submitted in a document as provided for in s.817.155, F.S.  Anthony Evgenikos	n authorized representative of a member rith section 605.0203 (1) (b), Florida Statutes. I am aware tha ent to the Department of State constitutes a third degree felon
REQUIRED SIGNATURE:  Signature of a member or at This document is executed in accordance wany false information submitted in a document as provided for in s.817.155, F.S.  Anthony Evgenikos	n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ent to the Department of State constitutes a third degree feloned or printed name of signee
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# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

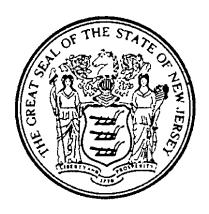
AJE WEALTH MANAGEMENT, LLC 0400509570

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on August 02, 2012.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

ANTHONY JOHN EVGENIKOS 223 TERRACE LAKE DR. BUTLER. NJ 07405



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 27th day of January, 2021

des A Mun

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6115101124

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp