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Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
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SECRETÁRY DESTATE
TALLAHÁSSÉE, FLORIO

T. BURCH APR 1 2 2021

COVER LETTER

Division of C	Corporations			
SUBJECT: PFT GR	OUP LLC			
SOBJECT.	(Name of Res	ulting Florida Lim	ited Con	npany)
	•	_	-	d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Please return all cort	espondence concernin	g this matter to:		
KEVIN A. POLLOCK,	ESQ.			
****	(Contact Person)	,	_	
THE POLLOCK FIRM	ILLC			
	(Firm/Company)		_	
100 FEDERAL CITY	ROAD, SUITE C-104			
	(Address)		_	
LAWRENCEVILLE, N	EW JERSEY 08648			
	City, State and Zip Code)		_	
chelsea@pollockfirm.	com			
E-mail Address: (to	be used for future annual re	port notifications)	_	
For further informat	ion concerning this ma	tter, please call:		
JON G. PARKER		_at (273-	5749
(Name of Cont	act Person)	(Area Code	;) (Day	rtime Telephone Number)
	for the following amound the following amound the following the following the following the following the following amount to the following amount for the following amount	•	process	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co	•	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add New Filing S				t Address: Filing Section
Division of (ion of Corporations
P.O. Box 6327			The C	Centre of Tallahassee
Tallahassee,	FL 32314			N. Monroe Street, Suite 810
			тана	hassee, FL 32303

TO: New Filing Section

Articles of Conversion For "Other Business Entity" Into

SECRETARY OF STATE FALLAHASSEE, FLORIDA

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 Articles of Conversion is:
PFT GROUP LIMITED LIABILITY COMPANY
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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)
1/17/2014 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:
PFT GROUP LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: April 1, 2021
(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 25th day of February	20
Signature of Authorized Representative of Limi	ited Liability Company:
)., <u> </u>
Signature of Authorized Representative:	Tills, MEMBER
Printed Name: Jon G. Parker, TE of JE Parker Trust	Title: MEMBER
Signature(s) on behalf of Other Business Entity: Signature:	[See below for required signature(s)]
Signature: Clife Till	mit MEMPER
Printed Name: Elyse I. Parker, TE of JE Parker Trust	Title: MEMBER
Signature:	
Printed Name:	Title:
Timed Name.	
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
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Printed Name:	itte:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	to Limited Deutsenhis.
Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
Signatures of ALL Ocheral Factories.	
All others:	
Signature of an authorized person.	
Fees:	
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

The name of the L	Limited Liability Company	is.	
	smitted Blacking Company	. 15.	
PFT GROUP LLC			
(M	fust contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	ddress:		
		e principal office of the Limited Liability Co	ompany is:
Principal Office	Address:	Mailing Address:	
	11001000	THE STATE OF THE S	
10412 Orchid Rese		10412 Orchid Reserve Drive	
W. Palm Beach, Fl	_ 33412	W. Palm Beach, FL 33412	
business entity with ar		egistered Agent. You must designate an individual or anoti	ner
The name and the	Florida street address of t		
The name and the	Florida street address of t	he registered agent are:	
The name and the	Florida street address of t JON G. PARKER N 10412 Orchid Reserve Dr	ame	
The name and the	Florida street address of t JON G. PARKER N 10412 Orchid Reserve Dr	ame ve P.O. Box <u>NOT</u> acceptable)	
The name and the	Florida street address of t JON G. PARKER N 10412 Orchid Reserve Dr	ame	
The name and the	JON G. PARKER N 10412 Orchid Reserve Dr Florida street address (ame ve P.O. Box <u>NOT</u> acceptable)	

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR/AMBR	JON G. PARKER, Trustee of JE Parker Trust
	10412 Orchid Reserve Drive
	W. Palm Beach, FL 33412
AMBR	ELYSE I. PARKER, Trustee JE Parker Trust
	10412 Orchid Reserve Drive
	W. Palm Beach, FL 33412
	702 1AL
	~ · · · · · · · · · · · · · · · · · · ·
	<u> </u>
(Use attachment if necessary)	AM II: 144 OF STATE FLORIDA
RTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	

Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)