L21000318489

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Degree and Normhar)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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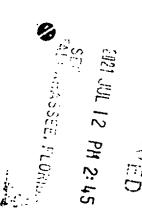
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07/12/21--01007--025 **180.00

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FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED CONVERSION FOR:

TOBIA & ASSOCIATES, LLC

PLEASE RETURN A CERTIFIED COPY

CHECK# 9030 FOR: \$180.00

THANK YOU!

COVER LETTER

TO:	New Filing Se Division of Co					
STIRT	TOBIAS	& ASSOCIATES LLC				
эова	<u></u>	(Name of Res	ulting	Florida Limite	d Com	pany)
The e Busin	nclosed Articles ess Entity" into	of Conversion, Artic a "Florida Limited Li	les o abili	f Organization ty Company	on, and	d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please	e return all corre	spondence concerning	g this	s matter to:		
Jeff C	oppaken, Esq.					
-		(Contact Person)				
Copp	aken Law Firm					
		(Firm/Company)				
10484	Marty Street					
		(Address)				
Overl	and Park, KS 662	12				
	(0	City, State and Zip Code)				
jeff@	coppakenlaw.com	1				
E-1	nail Address: (to be	used for future annual re	port n	otifications)		
For fi	irther informatio	on concerning this ma				
Jeff C	oppaken, Esq.		at i	913	225-8	3951
	(Name of Conta	ct Person)	_	(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the			rocess	ed by this office must be payable in US
(\$25 f	50.00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status		\$180.00 Filing I Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Adda New Filing Se Division of C P.O. Box 632 Tallahassee, F	ection orporations 7			New I Divisi The C 2415	Example Address: Filing Section Ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 Italianassee, FL 32303

INHS11 (7/17)

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" imme TOBIAS & ASSOCIATES INC.	
(Enter Name of Other	Business Entity)
2. The "Other Business Entity" is a	Pb40000 43948
(Enter entity type. Example: corporation, lim	nited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the	Florida
r list organized, formed or incorporated under the	(Enter state, or if a non-U.S. entity, the name of the country)
April 30, 2008	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Com	npany as set forth in the attached Articles of Organization:
TOBIAS & ASSOCIATES LLC	
(Enter Name of Florida Limited	
4. If not effective on the date of filing, enter the e	effective date: 7/9/2021.
4. If not effective on the date of filing, enter the effective date: Cannot be prior to date of a the date this document is filed by the Florida D Note: If the date inserted in this block does not meet the approximent's effective date on the Department of State's reco	receipt or filed date nor more than 90 calendar days after Department of State.) splicable statutory filing requirements, this date will not be listed as the ords.
4. If not effective on the date of filing, enter the ex (The effective date: Cannot be prior to date of a the date this document is filed by the Florida D Note: If the date inserted in this block does not meet the app	receipt or filed date nor more than 90 calendar days after Department of State.) splicable statutory filing requirements, this date will not be listed as the ords.
4. If not effective on the date of filing, enter the example (The effective date: Cannot be prior to date of a the date this document is filed by the Florida D Note: If the date inserted in this block does not meet the approximent's effective date on the Department of State's reco	receipt or filed date nor more than 90 calendar days after Department of State.) policable statutory filing requirements, this date will not be listed as the ords. becordance with all applicable statutes. Treed to pay any members having appraisal rights the amount to

Signed this 7 day of July	20 <u>21</u> .
Signature of Authorized Representative of Limi	ted Liability Company;
	1
Signature of Authorized Representative:	Tid Manager
Printed Name: Michael Tobias	Title: Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
1	See below for required signature (8)
Signature:	
Printed Name: Michael Tobias	Title: President
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	Trist.
Printed Name:	little;
0:	
Signature:Printed Name:	Titlet
Printed Name:	Title:
If Florida Companyions	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an Inc	
If Directory of Officers have not occur serected, an in-	orportation in the state of the
If Florida General Partnership or Limited Liabili	tv Partnership:
Signature of one General Partner.	
- 6	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
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

ARTICLE I - Name:			
The name of the Limite	ed Liability Company is:		
TOBIAS & ASSOCIATES	2112		
	ntain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
(11231 001			
ARTICLE II - Addre	ss:		
The mailing address an	d street address of the pri	ncipal office of the Limited Liabi	lity Company is:
Principal Office Addr	ress:	Mailing Address:	
400 ANA/ 404 Canana		123 NW 13th Street	
123 NW 13th Street		101	
Boca Raton, FL 33432		Boca Raton, FL 33432	
Boca Haton, 1 E 0040E			
ARTICLE III - Regis	tered Agent, Registered	Office, & Registered Agent's Si	gnature:
(The Limited Liability Compa	ny cannot serve as its own Registe	ered Agent. You must designate an individua	or another
business entity with an active	: Florida registration.)		<i>(</i> ,
The name and the Flor	ida street address of the re	egistered agent are:	
The name are a re-		5	
Mic	chael Tobias		
	Name		27.1 JUL 12 77.1 JUL 12
	3 NW 13th Street, 101		
F	lorida street address (P.O.	Box NOT acceptable)	AMII: 02 For Stat Joere Fl
Bo	ca Raton	_{EL} 33432	25 g
		FL 33432 Zip	rri 10
	City	Zip	
Umina hoon named	as registered agent and to	accept service of process for the a	hove stated limited
liahility company	at the place designated in	this certificate, I hereby accept the	appointment as
registered agent and	agree to act in this capaci	ity. I further agree to comply with	the provisions of all
statutes relating to	the proper and complete p	performance of my duties, and I am	familiar with and
accept the obliga	tions of my position as reg	istered agent as provi <mark>ded for in</mark> Ch	apter 605, F.S
, 0			
_			
	Registered Agent's Sign	lature (REQUIRED)	

(CONTINUED)

<u>Γitle:</u> 'AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
MGR = Manager	Michael Tobias
	123 NW 13th Street, 101
	Boca Raton, FL 33432
	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am awa
REQUIRED SIGNATURE: Signature of a member or	e with section 605,0203 (1) (b), Florida Statutes, I am awa
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document in a docum	e with section 605.0203 (1) (b), Florida Statutes. I am awa iment to the Department of State constitutes a third degree
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Michael Tobias, Manager	e with section 605,0203 (1) (b), Florida Statutes, I am awa

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

ARTICLE IV-

Company: