# L21000417306

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

Office Use Only



800373754508

SECRETARY OF STATE 2021 SEP 22 PH 4: 34

RECEIVED

clasta.

## Sunshine State Corporate Compliance Company

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

DATE 09/15/2021		
		*WALK IN*
ENTITY NAME Preferre	ed Property Risk Purchasing Group, LLC	
DOCUMENT NUMBER_		
	**PLEASE FILE THE ATTACHED AND RETURN*	*
xxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
***	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE E	N777Y**
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION	**
COUNTRY OF DESTINAT	7/ON	
NUMBER OF CERTIFICAT	TES REQUESTED	
TOTAL OWED \$150.00	ACCOUNT #: 12	20160000072
	-5 R	FM
Please call Tina at th	be above number for any issues or concerns. T	hank you so much!

#### **COVER LETTER**

TO:	New Filing S Division of C				
CHD		d Property Risk Purchas	sing Group, LLC		
SUB	JEC 1 :	(Name of Re	sulting Florida Lim	ited Con	npany)
					d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concerning	g this matter to:		
Melis	sa Skrocki				
		(Contact Person)		_	
Giord	ano, Halleran &	Ciesla			
		(Firm/Company)		-	
125 H	lalf Mile Road, S	uite 300			
		(Address)		_	
Red E	Bank, New Jerse	y 07701			
	(1	City, State and Zip Code)		_	
mskro	ocki@ghclaw.cor	m			
E-r	nail Address: (to b	e used for future annual re	port notifications)	_	
For fu	ırther informati	on concerning this ma	tter, please call:		
Melis	sa Skrocki		at ( <sup>732</sup>	\219-5	5499
	(Name of Conta	act Person)		(Day	time Telephone Number)
		for the following amou a bank located in the		process	ed by this office must be payable in US
( <b>\$</b> 25 fc & <b>\$</b> 125	0.00 Filing Fees or Conversion 5 for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing So Division of C P.O. Box 632	ection orporations 7		New F Divisi The C	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

FILED

2021 SEP 22 PM 4: 34

SECRETARY OF STATE
TALLAHASSEE, FL

# 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: Preferred Property Risk Purchasing Group, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation
(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)
December 26, 2000 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:
Preferred Property Risk Purchasing 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.

Signed this 17 day of September	20 <u>2</u> l
Signature of Authorized Representative of Limi	,
Signature of Authorized Representative: X Fed Printed Name: Melissa Skrocki	Title: Attorney
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature:Printed Name: Vincent Hages	Title: President
0 •	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	Tida
Printed Name:	Inte.
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or the If Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.
<u>If Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y 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 COMPANY

ARTICLE I - Nat The name of the L	me: imited Liability Company	vis:			
	Risk Purchasing Group, LLC			<del> </del>	
(Mı	ust contain the words "Limited Lia	bility Company, "	L.L.C.," or "LLC.")		
ARTICLE II - Ad		ii1 off	ioo of the Limit	ad Liability Com	!
The maning addres	ss and street address of the	e principal off	ice of the Link	ed Liability Compan	y is:
Principal Office A	Address:	Mailing	Address:		
101 Crawfords Corn	er Road	101 Crav	fords Corner Ro	ad	
Suite 1300		Suite 130	00	· · · · ·	
Holmdel, NJ 07733		Holmdel,	NJ 07733		
The name and the l	C T Corporat  Na  1200 South Pine  Florida street address (P	ion System ime Island Road		ECRLTARY OF STATE TALLAHASSEE, FL	121 SEP 22 PM 4: 34
	City	FL	Zip	1.,	
liability compo registered agent o statutes relating	ned as registered agent and any at the place designated and agree to act in this cap to the proper and completing to the proper and completing at the proper and completing the proper and completing as the proper and completing as the proper and completing at the proper	d in this certific pacity. I furthe te performance registered age evin Wartner	cate, I hereby ac r agree to comp e of my duties, a nt as provided fo Assistant Sec	cept the appointment ly with the provisions nd I am familiar with or in Chapter 605, F.	as of all and
	McRisteren WReitt 2 2	Pharmic (IVE)	(OHOD)		

(CONTINUED)

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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	16411
AMBR	Vincent Hager 101 Crawfords Corner Road, Suite 1300
	Holmdel, NJ 07733
	Hollitidel, 145 Of 7 55
AMBR	Kenneth Hager
7.1101	101 Crawfords Corner Road, Suite 1300
	Holmdel, NJ 07733
	S 20
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	200
	<u></u>
	OF STAT
	F of E
(Use attachment if necessary)	THE SECOND SECON
RTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed in accordan	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes, I am aware that cument to the Department of State constitutes a third degree felony
Meline In	Typed or printed name of signee
( )	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)