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

Office Use Only



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Filing Cover Sheet

To: Florida Division of Corporations	
From: LESLIE SELLERS C/O Capitol Services, Inc.	
Date: 9/30/2021	
Trans#: 1236187	
	SERVICES, INC. (FL) CONVERTING TO AMERITAS
BLUESTAR RETIREMENT SERVICES, LLC (FL)	
Articles Incorporation ()	Articles of Amendment ()
Articles of Dissolution ()	Annual Report ()
Conversion (XXX)	Fictitious Name ()
Foreign Qualification ()	Limited Liability ()
Limited Partnership ()	Merger ()
Reinstatement ()	Withdrawal / Cancellation ()
Other ()	
STATE FEES PREPAID WITH CHECK #2374 FC	OR \$180.00 }
PLEASE RETURN:	
Certified Copy (XXX) Plain Stam	ped Copy ()
Good Standing () Certificate of	Fact ()

Articles of Conversion

For

"Other Business Entity"

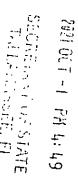
Into

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" immed BlueStar Retirement Services, Inc.	liately prior to the filing of the Articles of Conversion is:
(Enter Name of Other E	Business Entity)
The "Other Business Entity" is a <u>corporation</u> (Enter entity type, Example: corporation, limi	586626 ited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the la	aws of [Enter state, or if a non-U.S. entity, the name of the country)
on 10/10/1991 (date of organization, formation or incorporation)	
	pany as set forth in the attached Articles of Organization:
Ameritas BlueStar Retirement Services, LLC (Enter Name of Florida Limited	Liability Company)
the date this document is filed by the Florida De	eceipt or filed date nor more than 90 calendar days after epartment of State.) licable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approved in acc	cordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agree	eed 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 30 th day of September	20 <u></u>
Signature of Authorized Representative of Lim	
Signature of Authorized Representative:	tus
Signature of Authorized Representative: Printed Name:	Title: CEO
Signature(s) on behalf of Other Business Entity:	
Signature:	_
Printed Name: James M. Kais	Title: CEO
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Timed Name.	1100.
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Ir	ncorporator must sign.
If Florida General Partnership or Limited Liabil	lity Partnership:
Signature of one General Partner.	NY TENENSIE
If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.	ity Limited Partnership:
Signatures of ALL General Farmers.	
All others:	
Signature of an authorized person.	
Fees:	
rees.	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
Certificate of Status:	<i>55.</i> 00 (Ծինտան)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	,		
Ameritas BlueSta	r Retirement Services, LLC		
	(Must contain the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II -	Address:		
		the principal office of the Limited Lia	bility Company is:
Principal Offic	e Address:	Mailing Address:	
000 444 11			
822 A1A N.	_	_822.A1A N.	
Ponte Verda Beach	- Registered Agent, Regis	Ponte Verda Beach, FL 32082 stered Office, & Registered Agent's	Signature:
Ponte Verda Beach ARTICLE III (The Limited Liability	- Registered Agent, Regis	Ponte Verda Beach, FL 32082	Signature:
ARTICLE III (The Limited Liability business entity with	- Registered Agent, Regis y Company cannot serve as its own an active Florida registration.)	Ponte Verda Beach, FL 32082 Stered Office, & Registered Agent's Registered Agent. You must designate an individual	Signature:
ARTICLE III (The Limited Liability business entity with	- Registered Agent, Regis	Ponte Verda Beach, FL 32082 Stered Office, & Registered Agent's Registered Agent. You must designate an individual	Signature: fual or another
ARTICLE III (The Limited Liability business entity with	- Registered Agent, Regis y Company cannot serve as its own an active Florida registration.)	Ponte Verda Beach. FL 32082 stered Office, & Registered Agent's Registered Agent. You must designate an individent the registered agent are:	Signature: final or another
ARTICLE III (The Limited Liability business entity with	- Registered Agent, Regis y Company cannot serve as its own an active Florida registration.) he Florida street address of Capitol Corporate Services	Ponte Verda Beach. FL 32082 stered Office, & Registered Agent's Registered Agent. You must designate an individent the registered agent are:	Signature: final or another SECSCE 1771 UCT
ARTICLE III (The Limited Liability business entity with	- Registered Agent, Regis y Company cannot serve as its own an active Florida registration.) he Florida street address of Capitol Corporate Services	Ponte Verda Beach, FL 32082 stered Office, & Registered Agent's Registered Agent. You must designate an individent of the registered agent are: s, Inc.	2021 0CT -
ARTICLE III (The Limited Liability business entity with	- Registered Agent, Regis y Company cannot serve as its own an active Florida registration.) he Florida street address of Capitol Corporate Services	Ponte Verda Beach. FL 32082 Stered Office, & Registered Agent's Registered Agent. You must designate an individent of the registered agent are: S, Inc. Name	2021 0CT -
ARTICLE III (The Limited Liability business entity with	- Registered Agent, Regis y Company cannot serve as its own an active Florida registration.) he Florida street address of Capitol Corporate Services	Ponte Verda Beach. FL 32082 stered Office, & Registered Agent's Registered Agent. You must designate an individent of the registered agent are: s, Inc. Name	2021 0CT -
ARTICLE III (The Limited Liability business entity with	- Registered Agent, Regis y Company cannot serve as its own an active Florida registration.) he Florida street address of Capitol Corporate Services 515 East Park Avenue. 2r Florida street address	Ponte Verda Beach. FL 32082 Stered Office, & Registered Agent's Registered Agent. You must designate an individent of the registered agent are: s, Inc. Name and Floor (P.O. Box NOT acceptable)	### Area of another #### SECTOR AREA AREA AREA AREA AREA AREA AREA AR
ARTICLE III (The Limited Liability business entity with	- Registered Agent, Regis y Company cannot serve as its own an active Florida registration.) he Florida street address of Capitol Corporate Services	Ponte Verda Beach. FL 32082 Stered Office, & Registered Agent's Registered Agent. You must designate an individent of the registered agent are: S, Inc. Name	dual or another SECRED OCT -1 TALL ALL TALL TALL TALL ALL TALL TALL

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..

> Toylor Sury Taylor Seay, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

A	D'	ľ	CI	F	IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	N 1701
_AMBR	Ameritas Life Insurance Corp.
	5900 O Street Lincoln, NE 68510
	Elitorii, WE 666 IS
MGR	James M. Kais
	822 A1A N. Ste. 211
	Ponte Verda Beach, FL 32082
MGR	Timothy G. Werner
	822 A1A N., Ste. 211
	Ponte Verda Beach, FL 32082
MGR	Suzanne F. Werner
	822 A1A N., Ste. 211
	Ponte Verda Beach, FL 32082
(Use attachment if necessary) See	Attachment.
TICLE 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.

James M. Kais

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)

Attachment to Articles of Organization for Florida Limited Liability Company of Ameritas BlueStar Retirement Services, LLC

Article IV (Cont.)

MGR Susan K. Wilkinson

822 A1A N., Ste. 211

Ponte Verda Beach, FL 32082

MGR Robert M. Jurgensmeier

822 A1A N., Ste. 211

Ponte Verda Beach, FL 32082