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

Office Use Only



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DIVISION OF SOME OF STATEM

DEC! 2021

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COVER LETTER

Division of Corporations		
SUBJECT: EIR ADVISORY LLC		
	ulting Florida Limited	Company)
The enclosed Articles of Conversion, Articl Business Entity" into a "Florida Limited Lie		n, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:	
JIM GAY		
(Contact Person)		
JIM GAY CPA		
(Firm/Company)		
3984 MANATEE AVE E		
(Address)	-	
BRADENTON, FL 34208		
(City, State and Zip Code)		
OFFICE@JIMGAYCPA.COM		
E-mail Address: (to be used for future annual rep	port notifications)	
For further information concerning this mat	ter, please call:	
JIM GAY	at (941)	747-0588
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following amous dollars and drawn on a bank located in the U		ocessed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\begin{align*} \text{S125.00 Filing Fees} \\ \text{and Certificate of Status} \\ \text{Status} \\ \text{S125.00 Filing Fees} \\ \text{and Certificate of Status} \\ \text{S125 for Articles} \\ S125	☐\$180.00 Filing Found Certified Copy	Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	N D T 2	treet Address: lew Filing Section livision of Corporations he Centre of Tallahassee 415 N. Monroe Street, Suite 810 allahassee, 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.

 The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: EIR ADVISORY, LLC
(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)
MAY 8, 2018
MAY 8, 2018 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
EIR ADVISORY, LLC
(Enter Name of Florida Limited Liability Company)
O9/27/2021 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 27 day of SEPTEMBER	20_21
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: JIM GAY	Title: PA
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Aprilie Florels	
Printed Name: CYNTHIA FLOWERS	Title: MGR
Signature	
Signature:Printed Name:	
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	Title
Timed Name	
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 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 Signatures of <u>ALL</u> 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 COMPANY

EIR ADVISOR			
	(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II The mailing a		the principal office of the Limited Liability Company is:	:
Principal Of	fice Address:	Mailing Address:	
619 OWL WAY	Y	619 OWL WAY	2
SARASOTA, F	L 34236	SARASOTA, FL 34236	1010
	oility Company cannot serve as its own with an active Florida registration)	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another	. 7
business entity w	pility Company cannot serve as its own	n Registered Agent. You must designate an individual or another	a 25
business entity w	oility Company cannot serve as its own with an active Florida registration) dithe Florida street address o	Registered Agent. You must designate an individual or another f the registered agent are:	a. 25
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business entity w	oility Company cannot serve as its own with an active Florida registration) If the Florida street address of the JIM GAY CPA 3984 MANATEE AVE E	Name s (P.O. Box <u>NOT</u> acceptable)	. 95
business entity w	bility Company cannot serve as its own with an active Florida registration) d the Florida street address o JIM GAY CPA 3984 MANATEE AVE E Florida street address	Name	. a. 25

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	CYNTHIA FLOWERS
	619 OWL WAY
	SARASOTA, FL 34236
(Use attachment if necessary)	
(Ose attachment if necessary)	
LE V: Other provisions, if any.	
EE VI Other provisions, it may.	
REQUIRED SIGNATURE:	
	Muio Horrero
<u></u>	ulia O Trio
	an authorized representative of a member

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)

Typed or printed name of signee