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(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 017037 7977112 AUTHORIZATION : COST LIMIT : \$ 150.00 ORDER DATE: September 20, 2021 ORDER TIME : 2:26 PM ORDER NO. : 017037-005 CUSTOMER NO: 7977112 DOMESTIC AMENDMENT FILING NAME: RIDGEWOOD ADVISORY, LLC EFFECTIVE DATE: XX____ ARTICLES OF CONVERSION AND ARTICLES OF ORGANIZATION ____ RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

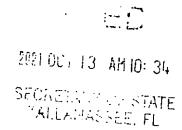
COVER LETTER

TO:	New Filing S				
	Division of (Corporations			
SUBJ	ECT: Ridgew	ood Advisory, LLC			
		(Name of Re	sulting Florida Lim	ted Co	mpany)
The en	nclosed Article ess Entity" into	es of Conversion, Artic o a "Florida Limited L	eles of Organizat iability Compan	ion, ar y" in a	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please	return all corr	espondence concerning	g this matter to:		
Morga	ın Hila				
	· · · · · · · · · · · · · · · · · · ·	(Contact Person)		_	
Wood	s, Weidenmiller,	Michetti & Rudnick, LLF			
		(Firm/Company)		-	
9045	Strada Stell Cou	rt, 4th Floor			
		(Address)		-	
Naples	s, FL 34109				
	(1	City, State and Zip Code)		-	
mhila@)]lawfirmnaples.	com			
E-m	ail Address: (to b	e used for future annual re	port notifications)	•	
For fu	rther informati	on concerning this ma	tter, please call:		
Morga	n Hila		_at (239	325~	4070
	(Name of Conta	ct Person)	(Area Code)		ytime Telephone Number)
Enclos dollars	ed is a check f and drawn on	or the following amou a bank located in the	nt: (All checks p United States)	rocess	sed by this office must be payable in US
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	☐\$155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Addi New Filing Se Division of Co P.O. Box 632	ection orporations		New I Divisi	t Address: Filing Section ion of Corporations Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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: Ridgewood 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)
04/05/2017 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:
Ridgewood Advisory, 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.

DocuSign Envelope ID: 03781CCA-8497-4CEA-8100-67CE25F581B7

· DocuSign Envelope ID: C90D3CC4-6FEA-465E-9C27-2C2BCDBAF5A4

Signed this 10 day of September	20 <u>21</u> .
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: (MASTON	HER LIBEAND
Printed Name: Christopher J. Lafond	Title: Managing Member
	Title.
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: [LABSTOPRER 3 UFOND	
Printed Name: Christopher J. Lafond	Title: Managing Member
	Title.
Signature:	
Printed Name:	Title:
Signature	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida Command Dominand Language Timinad Victor	N. Dente and Line
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ry Partnership:
orginature of one deficial father.	
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Consuming	#25.00
Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
	` i /

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the L	me: .imited Liability Company	r is:	
Ridgewood Advisor (M	·-···	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ac The mailing addre		e principal office of the Limited Lia	ibility Company is:
Principal Office	Address:	Mailing Address:	
3483 Gulf Shore Blv Naples, FL 34103	vd N, Apt 304	3483 Gulf Shore Blvd N, Apt 304 Naples, FL 34103	<u> </u>
(The Limited Liability C business entity with an	Registered Agent, Register ompany cannot serve as its own Reserve Florida registration.) Florida street address of the WWMR Statutory Agent Ll	•	Signature:
		ame	₹1.2 ca
	9045 Strada Stell Court, 4t	h Floor	
		P.O. Box NOT acceptable)	SEE FL
	Naples	FL ³⁴¹⁰⁹	· H =
	City	Zip	
liability comp registered agent statutes relating	any at the place designated and agree to act in this cap g to the proper and comple ligations of my position as Registered Agent's S	d to accept service of process for the d in this certificate, I hereby accept to facity. I further agree to comply with the performance of my duties, and I at registered agent as provided for in Constant (REQUIRED)	he appointment as h the provisions of all m familiar with and

Christopher J. Lafond

AR	TT	CL.	E	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 MGRM	Christopher J. Lafond		
		······································	
			
(Use attachment if necessary)		ESTATE EC, FL	
ARTICLE V: Other provisions, if any.			
REQUIRED SIGNATURE:			
LHISTOPHER JUFOND			
This document is executed in accordance v	n authorized representative of a membe with section 605.0203 (1) (b), Florida Statutes. I am ent to the Department of State constitutes a third de	aware that	

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)