L220000000268

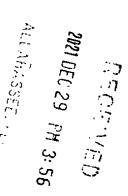
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	<u>40</u>
(only/orate/Liph Hone)	"
PICK-UP WAIT	MAIL
(Business Entity Name	e)
(Document Number)	
Certified Copies Certificates of	of Status
Special Instructions to Filing Officer:	
<u> </u>	

Office Use Only



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2021 DEC 29 PM 1: 05



Sunshine State Corporate Compliance Company

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

DATE 12/29/2021	_		⇔WALK IN≃
ENTITY NAME New C	order: Angler Proper	ty Management Inc.	
DOCUMENT NUMBER_			
	PLEASE FILE T	THE ATTACHED AND RETURN	
xxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Ar Certificate of Good S		
	APOSTILLE'/	NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA	TION		
NUMBER OF CERTIFICA	ATES REQUESTED		
TOTAL OWED \$150		ACCOUNT #: 1201600000	72
Please call Tina at t	the above number for	r any issues or concerns. Thank you	so much!

COVER LETTER

	iling Se	ection orporations			
		r Property Manageme	ent LLC		
SUBJECT: _			ulting Florida Lin	ited Con	npany)
The enclosed Business Enti	Articles ty" into	of Conversion, Artic a "Florida Limited Li	les of Organiza ability Compar	tion, an ny" in a	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return	all corre	spondence concerning	g this matter to	:	
Deborah E. Ka	ilstek				
	_	(Contact Person)			
Hodgson Russ	LLP				
		(Firm/Company)		_	
140 Pearl St.,	Ste. 100				
		(Address)		_	
Buffalo, NY 14	202	, ,		_	
-	((City, State and Zip Code)			
hbuchan@hg	investor	s.com			
E-mail Add	ess: (to b	e used for future annual re	port notifications)	_	
For further in	formatio	on concerning this ma	tter, please call	:	
Deborah E. Ka	istek		_at (848-	1371
(Name	of Conta	ct Person)	(Area Cod	c) (Day	rtime Telephone Number)
		or the following amou a bank located in the		process	sed by this office must be payable in US
\$150.00 Filin (\$25 for Conver & \$125 for Arti of Organization	sion cles	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
New Divisi P.O. I	30x 632	ection orporations		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 bassee, 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.

1. The name of the "Other Business Entity" Angler Property Management Inc.	immediately prior to the filing of the Articles of Conversion is:
(Enter Name of	Other Business Entity)
2. The "Other Business Entity" is a	ion P180000 93627
(Enter entity type. Example: corporati	ion, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated unde	er the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
November 20, 2018	
on(date of organization, formation or incorporation)	j I
3. The name of the Florida Limited Liability	Company as set forth in the attached Articles of Organization:
Angler Property Management LLC	
(Enter Name of Florida	Limited Liability Company)
4. If not effective on the date of filing, enter	the effective date: te of receipt or filed date nor more than 90 calendar days after
the date this document is filed by the Flori	ida Department of State.) the applicable statutory filing requirements, this date will not be listed as the
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 29th day of December	20_21
_	
Signature of Authorized Representative of	Limited Liability Company.
Signature of Authorized Representative:	family 1. Declar
Printed Name: Hannah F. Buchan	Title: Member
Signature(s) on behalf of Other Business Ent	ity: [See below for required signature(s)]
Signature(s) on benau of Other Business Em Signature: Printed Name: Hannah F. Buchan	
Signature:Printed Name: Hannah F. Buchan	Title: President
Printed Name: Training 1: Education	
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Printed Name:	I luc
Signature:	
Signature:Printed Name:	
Signature:	
Printed Name:	Title:
at .	
Signature:Printed Name:	Title
Frinted Name.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Direct	or, or Officer.
If Directors or Officers have not been selected,	an Incorporator must sign.
TATE OF THE ALL THROAT	2- Lillan, Dandy analysis
If Florida General Partnership or Limited I Signature of one General Partner.	ARDINTY Partnersmp:
Signature of one General Farmer.	
If Florida Limited Partnership or Limited L	lability 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 Organizat	
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	Limited Liability Compa	ny is:			
Angler Propert	y Management LLC	Liability Company, "L.L.C.," or "LLC.")			
(1	Must contain the words "Limited I	Liability Company, E.E.C., or EEC.			
ARTICLE II - A The mailing addr	Address: ress and street address of	the principal office of the Limited l	Liability Co	mpany	/ is:
Principal Office	Address:	Mailing Address:			
324 Royal Palm W	/ay	324 Royal Palm Way			
Suite 211		Suite 211			
Palm Beach, FL 3	33480	Palm Beach, FL 33480			
The name and th	e Florida street address o Hannah F. Buchan	f the registered agent are:	SEGNE	2021 DEC	
		Name	TARY AHAS	C 29	
	324 Royal Palm Way, S		(M) (M)	PH	
	Florida street address	s (P.O. Box NOT acceptable)	_{ເປ} າ		
	Palm Beach	FL 33480	근립	: 05	
	City	Zip	·	•	
liability cor registered age statutes relat	mpany at the place design nt and agree to act in this ting to the proper and com	and to accept service of process for ated in this certificate, I hereby acce capacity. I further agree to comply aplete performance of my duties, and as registered agent as provided for	pt the appoi with the pro l I am familid	ntmen vision ar with	t as s of all h and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Harrish 7. Buchen

AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
AMBR	Hannah F. Buchan
	PO Box 3433
	Palm Beach, FL 33480
	
	
Use attachment if necessary)	
Use attachment if necessary) LE V: Other provisions, if any.	
Use attachment if necessary) LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
•	uden
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am awa
Signature of a member or This document is executed in accordance any false information submitted in a document.	· · · · · · · · · · · · · · · · · · ·
Signature of a member or This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S. Hannah F. Buchan	an authorized representative of a member 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-