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

Office Use Only



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KERKSTRA LAW OFFICES, LLC

Problem? Solved.™

March 11, 2022

Via UPS Ground

New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Dear ma'am or sir.

Enclosed are the Articles of Conversion, Articles of Organization, and Plan of Merger for Valuation and Forensic Advisors. LLC along with the \$150.00 filing fees. Also, enclosed are the Articles of Conversion, Articles of Incorporation, and Plan of Merger for Bruce L. Richman, Inc. along with the \$105.00 filing fees. Please contact me at 312/285-9147 if you need anything additional to process my requests. I may also be reached at jmk@kerstralaw.com. Thank you in advance for your assistance.

Very truly yours,

geanne)

Jeanne M. Kerkstra, Esq., CPA

Encl.

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Valuation and Forensic Advisors, LLC	
	lorida Limited Company)
The enclosed Articles of Conversion, Articles of C Business Entity" into a "Florida Limited Liability	Organization, and fees are submitted to convert an "Other Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this n	natter to:
Jeanne M. Kerkstra	
(Contact Person)	
Kerkstra Law Offices LLC	
(Firm/Company)	
912 S. Morgan Street	
(Address)	
Chicago, IL 60607	·
(City, State and Zip Code)	
jmk@kerkstralaw.com	
E-mail Address: (to be used for future annual report noti	fications)
For further information concerning this matter, ple	rase call:
Jeanne M. Kerkstra	312 <u>285-9147</u>
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (Al dollars and drawn on a bank located in the United	checks processed by this office must be payable in US States)
	0.00 Filing Fees Certified Copy Certified Copy, and Certificate of Status
Mailing Address:	Street Address:
New Filing Section Division of Corporations	New Filing Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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: Valuation and Forensic Advisors, LLC	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a limited liability company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust.	
(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)	
July 1, 2021	
on July 1, 2021 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization	n:
Valuation and Forensics Advisors, 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 aft the date this document is filed by the Florida Department of State.)	er
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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	to

Signed this 8th day of March	20 22
Signature of Authorized Representative of Limit	
Signature of Authorized Representative:	Title: Manager
Printed Name: Bruce L. Richman	Title. Islandger
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: X Printed Name: Bruce L. Richman	
Printed Name: Bruce L. Richman	Title: Manager
Signature:Printed Name:	Title:
Fritted tvaine.	
Signature:Printed Name:	Title
Printed Name:	_ 1 me:
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Fifthed Name.	
If Florida Corporation:	0.65
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc	omer. comorator must sign.
II Directors of Officers have not been selected, an in-	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL 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

ARTICLE 1 - N		
The name of the I	Limited Liability Compan	y 18:
	aluation and Forensic Advis	
(N	Aust contain the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - A		
The mailing addre	ess and street address of the	he principal office of the Limited Liability Company is:
Principal Office	Address:	Mailing Address:
1536 Rio De Janei	ro Avenue	1536 Rio De Janeiro Avenue
Suite 101		Suite 101
Punta Groda, FL 3	3983	Punta Gorda, FL 33983
The name and the	Florida street address of Business Filings Incorpor	•
		Name
	1200 South Pine Island R	Road
		(P.O. Box NOT acceptable)
	Plantation	FL 33324
	City	Zip
liability com registered agen statutes relativ	pany at the place designat t and agree to act in this cong to the proper and comp bligations of my position a	and to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S Asst Secretary for Business Filings Incorporated
	Registered Agent's	Signature (REQUIRED)

(CONTINUED)

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

Name and Address:			
Bruce L. Richman 1536 Rio De Janeiro Ave., Suite 101			
			
-			
r an authorized representative of a member			

as provided for in s.817.155, F.S.

Bruce L. Richman, Manager
Typed or printed name of signce

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)