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Certified Copies	Certificates o	of Status
Special Instructions to Fil	ing Officer:	
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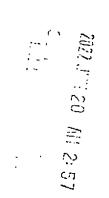
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COVER LETTER

Division of Corporations	
SUBJECT: Integgra Advisory Services,	, LLC
	Resulting Florida Limited Company)
The enclosed Articles of Conversion, As Business Entity" into a "Florida Limited	rticles of Organization, and fees are submitted to convert an "Other I Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concern	ning this matter to:
Teresa Bonnet	
(Contact Person)	
AprioCloud	
(Firm/Company)	
2870 Peachtree Rd NW #708	
(Address)	
Atlanta, GA 30305	
(City, State and Zip Code	e)
tax+integgra@apriocloud.com	
E-mail Address: (to be used for future annual	report notifications)
For further information concerning this n	natter, please call:
Teresa Bonnet	at (770) 353-5322
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amodollars and drawn on a bank located in the	ount: (All checks processed by this office must be payable in US e United States)
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$180.00 Filing Fees and Certified Copy □\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 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 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: Integgra Advisory Services, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (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)
(Enter state, or if a non-U.S. entity, the name of the country)
3/5/2015
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Integgra Advisory Services, 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.

Signed this Sth day of Min	20 22
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative: Market Printed Name: Gregg K Ficery	H.Jan
Printed Name: Gregg K Ficery ()	Title: Member / Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: 9 x 11	
Signature:	Title: Member / Manager
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir	
If Florida General Partnership or Limited Liabi Signature of one General Partner.	lity Partnership:
_	
If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.	ity Limited Partnership:
-	
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:				
The name of the Limited Liabili	ty Company is:			
Integgra Advisory S				
(Must con	tain the words "Limited L	iability Comp	any, "L.L.C" or "LLC.")	
ARTICLE II - Address:				
The mailing address and street a	ddress of the principal off	ice of the Lin	nited Liability Company is:	
Princip	al Office Address:		Mailing Address:	
284 E Yacht Pond Lanc		_	284 E Yacht Pond Lane	
Watersound, Fl. 324	61		Watersound, FL 32461	
	<u> </u>	<u> </u>		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own R ctive Florida registration.	egistered Age)	Agent's Signature: ent. You must designate an individual or	
	REGISTERED AGEN	TS INC		
		Name		
	7001 4771 077 1 0770 0			
	7901 4TH ST N STE 3 Florida street address (T acceptable)	
		1.0. Dox <u>110</u>	т ассеркаоте)	
	ST. PETERSBURG	FL_	33702	
	City	State	Zip	
further agree to comply with the pro-	hereby accept the appoin visions of all statutes rela	itment as regi ting to the pro	the above stated limited liability company at the stered agent and agree to act in this capacity. I oper and complete performance of my duties, and I ent as provided for in Chapter 605, F.S	
	. (Kee 1	James .	
	Registere	d Agent's Sig	enature (REQUIRED)	
	(4	CONTINUE	D)	

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Mer "MGR" = Manager	ALIDEI
AMBR	Gregg K Ficery
	284 E Yacht Pond Lanc
	Watersound, FL 32461
<u></u>	
	<u> </u>
te of filing.) If the date inserted in this blococument's effective date on the l	•
CLE VI: Other provisions, if any	<i>/</i> ·
REQUIRED SIGNATURE	My Viti
Cianas	
Signat	ture of a member or an authorized representative of a member.
This docume	ture of a member or an authorized representative of a member. ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
This docume I am aware ti	ture of a member or an authorized representative of a member.
This docume I am aware ti constitutes a	thre of a member or an authorized representative of a member. ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes. hat any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.
This docume I am aware ti constitutes a	ture of a member or an authorized representative of a member. ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes. hat any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.
This docume I am aware ti constitutes a	thre of a member or an authorized representative of a member. ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes. hat any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)