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THE LAW OFFICES OF ROBERT J. LONGCHAMPS, PLLC

- ATTORNEY AT LAW -

ESTATE PLANNING - PROBATE & TRUST ADMINISTRATION - REAL ESTATE

June 16, 2022

VIA FEDERAL EXPRESS OVERNIGHT

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

Re:

Shelter Financial Services, LLC – a California Limited Liability Company Articles of Conversion and Articles of Organization for Florida LLC

Dear Sir or Madam:

Please find enclosed the following documentation in connection with the above matter:

- 1. The Original and (1) Copy of the (i) Articles of Conversion For Other Business Entity into Florida Limited Liability Company and (ii) Articles of Organization for Florida Limited Liability Company;
 - 2. A copy of the Member's Resolution for Shelter Financial Services LLC:
 - 3. A copy of the Plan of Conversion for Shelter Financial Services LLC; and
- 4. Check Number 2900 in the amount of \$185.00 for the Filing Fee, Certificate of Status and Certified Copy associated with the enclosed documentation.

If any additional documentation is required, please notify us at your earliest convenience, so that same can be remitted accordingly.

Sincerely

Robert J. Longchamps, Esq.

RJL/ Enclosures

CC:

Peter Thomsen

Michael Baddeley, Esq.

COVER LETTE

| TO: | New Filing Section Division of Corporations | | Ofisinal |
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| SHDI | ECT: SHELTER FINANCIAL SERVICES, | LLC | 00,21,1001 |
| эово | (Name of Resulti | ng Florida Limi | ted Co |
| | nclosed Articles of Conversion, Articles ess Entity" into a "Florida Limited Liabi | ~ | |
| Please | return all correspondence concerning th | nis matter to: | |
| ROBE | RT LONGCHAMPS ESQ | | |
| | (Contact Person) | | - |
| The L | aw Offices of Robert J. Longchamps, PLLC | | |
| | (Firm/Company) | | - |
| 4440 | PGA BOULEVARD STE 600 | | |
| | (Address) | | - |
| PALM | BEACH GARDENS, FL 33410 | | |
| ē | (City, State and Zip Code) | . | - |
| rjl@L0 | ONGCHAMPSLAW.COM | | |
| E-n | nail Address: (to be used for future annual report | notifications) | - |
| For fu | rther information concerning this matter | ; please call: | |
| Rober | t Longchamps | t (| \623-5350 |
| | (Name of Contact Person) | (Area Code | (Daytime Telephone Number) |
| | s and drawn on a bank located in the Un | ited States) | processed by this office must be payable in US |
| (\$25 fo & \$125 | 0.00 Filing Fees and Certificate of and Certificate of Status | J\$18 0.00 Filing nd Certified Cop | Fees SIS185.00 Filing Fees, py 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 |

22 JUN / 7 AM 3: 23

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: SHELTER FINANCIAL SERVICES, 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, etc. |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc. |
| First organized, formed or incorporated under the laws of California |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| on 8/18/2005 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| SHELTER FINANCIAL SERVICES, LLC |
| (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: June 16, 202. (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 day of June | 20 _ Z Z |
|--|---------------------------------------|
| Signature of Authorized Representative of Lim | |
| Signature of Authorized Representative: | Lewin |
| Printed Name: Peter Thomsen | Title: Manager |
| Trined Wante Total Workson | Title, manager |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s)] |
| | |
| Signature: | |
| Signature: Peter Thomsen | Title: Manger |
| | |
| Signature: Printed Name: | Title: |
| Timed traine. | |
| Signature: | |
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| Signature: Printed Name: | Title |
| Trinted Name. | |
| Signature: | |
| Signature:Printed Name: | Title: |
| Signature | |
| Signature: Printed Name: | Title: |
| Trined (vanie. | |
| 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 | ity Partnorchin |
| Signature of one General Partner. | ny rartherships |
| - | |
| If Florida Limited Partnership or Limited Liabili | ty Limited Partnership: |
| Signatures of <u>ALL</u> General Partners. | |
| All others: | |
| Signature of an authorized person. | |
| ζ | |
| <u>Fees:</u> | |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$25.00 \$125.00 |
| Certified Copy: | \$125.00 \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |
| certificate of Status. | Solve (Optional) |

22 JUN 17 MM 3: 23

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Com . | pany is: |
|--|--|
| SHELTER FINANCIAL SERVICES, LLC | |
| (Must contain the words "Limit | ted Liability Company, "L.L.C.," or "L.E.C.") |
| ARTICLE II - Address: The mailing address and street address | of the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 294 Porto Vecchio Way | 294 Porto Vecchio Way |
| Palm Beach Gardens, FL 33418 | Palm Beach Gardens, FL 33418 |
| | |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

| Roert J. Longchamps | |
|---|----------|
| Nar | ne |
| 4440 PGA Boulevard, Ste. 6 | 600 |
| Florida street address (P.O. Box <u>NOT</u> acceptable) | |
| Palm Beach Gardens | FL 33410 |
| City | Zip |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE 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 MGR | Peter Thomsen 294 Porto Vecchio Way Palm Beach Gardens, FL 33418 | | |
| | | | |
| | | | |
| | | | |
| (Use attachment if necessary) | | | |
| RTICLE V: Other provisions, if any. | | | |
| REQUIRED SIGNATURE: PETER THO | | | |
| 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 aware that ment to the Department of State constitutes a third degree felony | | |

s Peter Thomsen

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)