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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: New Filing Se Division of Co			
SUBJECT:	Glen world (Name of Res	Advisors,	LLC
	(Name of Res	sulting Florida Limited	f Company)
		-	n, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S.
Please return all corre	spondence concerning	g this matter to:	
Tix To	- 5m 5		
	(Contact Person)		
	(Firm/Company)	it, LLC	
_ 9807 Equ	(Address)		
Boynton	Beach, FZ ity, State and Zip Code)	33472	
E-mail Address: (to be	used for future annual re	port notifications)	
For further informatio	n concerning this ma	tter, please call:	
Tia To	– m 5	at (609)	(Daytima Talanhana Number)
(Name of Contac	t Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for dollars and drawn on a	-		ocessed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing F and Certified Copy	ees S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addr	ess:	s	treet Address:
New Filing Se	etion	7	lew Filing Section
Division of Co			Division of Corporations
P.O. Box 6327	r	l	The 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 <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. Florid Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>limited liebitary Company</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of New Tursey (Enter state, or if a non-U.S. entity, the name of the country)
on 2(15/08 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(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 1st day of July	20_22
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:	Title: Member/moneger
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	Title: Member (Manager
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In- If Florida General Partnership or Limited Liabili Signature of one General Partner.	corporator must sign.
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>fees:</u>	
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 I - Name:

The name of the Limited Liability Company is:

i= (c	enword	Hdv:50:5	1.1.5			
		eds "Limited Liabili		1.1 C. for	(I.I.C.")	
ARTICLE II - Ac The mailing addre		address of the p	rincipal of	fice of the	Limited Liability Compan	ıy is:
Principal Office /	<u> Address:</u>		Mailing	Address	<u>:</u>	
3807 Equis Boynton B.	each, Fe	33472	980 800	17 Equ	Beach FA 334-	72
ARTICLE III - R (The Limited Liability C business cutty with in	ompany cannot se	rrve as its own Regn	d Office, 8 stered Agent, Y	k Registe You must de:	red Agent's Signature: ignale an individual or another	
The name and the	Florida street	address of the	registered :	agent are:		
	CT	Corpora	timo 5	45ten	1	
	~- <u>==</u> 1	Nam	e			
	1200	South P	ine I	sland	Road	
		et address (P.C				
	Plant	City	FL	3332	4	
		City		Zip		
liability comp registered agent	any at the pla and agree to	ice designated i act in this capa	n this certif city = Ljurth	îcare, I he ier agree i	vocess for the above stated leady of the appointment of comply with the provision luties, and I am familiar with	if as is of a

(CONTINUED)

By: C T Corporation System Chultili VCM

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 605. F.S.

Christine Kelm Assistant Secretary

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
Went - Manager	
m 6 R	Tia Toms
	9807 Eques Circle Bounton Beach FL 33472
	Bounton Beach FL 33472
ANIBR	Jack G. Mondel
	Jack G. Mondel 9807 Eques Gircle Bounton Beach, FL 334
	Bounton Beach, FL 334
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
1	Til nun
Signature of a member or	an authorized representative of a member
This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes, I am aware tha ment to the Department of State constitutes a third degree felon
	6 Mondel
TV	ped or printed name of signed
••	Filing Fres

\$125,00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)