L22000408510

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	ly HL



300393947513

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Moreland Capital Group, LLC		
(Name of Re	sulting Florida Limi	ed Company)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L	_	on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:	
Joshua Behnke		
(Contact Person)		•
Behnke Legal Consulting PLLC		
(Firm/Company)		
PO Box 90613		
(Address)		-
San Antonio, TX 78209		-
(City, State and Zip Code)	•	
josh@behnkelegal.com		_
E-mail Address: (to be used for future annual re	port notifications)	
For further information concerning this ma	itter, please call:	
Joshua Behnke	at (210	7892950
(Name of Contact Person)		(Daytime Telephone Number)
dollars and drawn on a bank located in the	United States)	processed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop	
Mailing Address:		Street Address:
New Filing Section		New Filing Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee

INHS11 (7/17)

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 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.

c.)
(°.)
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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 19 day of July	_20	
Signature of Authorized Representative of Limit	ted Liability Company:	
Signature of Authorized Representative: Printed Name: Raymond Moreland	wh	
Printed Name: Raymond Moreland	Title: Manager	_
		-
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]	
Signature: Mals		_
Printed Name: Raymond Moreland	Title: Manager	_
Signature:Printed Name:	Tid	
Printed Name:		-
Signature		
Signature: Printed Name:	Title:	-
		- 25° 28° - 5°
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Signatura		2022 SEP-6 AMII: 00
Signature:Printed Name:	Title:	- <u>5</u> . 0
Timed rame.		_
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y 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

Moreland Capi	ital Group, LLC	
	(Must contain the words "Limited	Liability Company. "L.L.C.," or "LLC.")
ARTICLE II The mailing a		the principal office of the Limited Liability Cor
	fice Address:	Mailing Address:
102 NE 2nd St	t. #380	102 NE 2nd St. #380
Boca Raton FL		Boca Raton FL 33432
The Limited Liab	I - Registered Agent, Reg	stered Office, & Registered Agent's Signatur n Registered Agent. You must designate an individual or anoth
The Limited Liab business entity w	I - Registered Agent, Regility Company cannot serve as its oviith an active Florida registration.) I the Florida street address of	stered Office, & Registered Agent's Signatur n Registered Agent. You must designate an individual or anoth
The Limited Liab business entity w	I - Registered Agent, Regility Company cannot serve as its ovith an active Florida registration.)	stered Office, & Registered Agent's Signatur n Registered Agent. You must designate an individual or anoth
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The Limited Liab business entity w	I - Registered Agent, Regility Company cannot serve as its oviith an active Florida registration.) I the Florida street address of	stered Office, & Registered Agent's Signatur n Registered Agent. You must designate an individual or anoth
The Limited Liab business entity w	I - Registered Agent, Registity Company cannot serve as its ovith an active Florida registration.) I the Florida street address of Raymond Moreland 225 NE 3rd St	stered Office, & Registered Agent's Signatur n Registered Agent. You must designate an individual or anoth
The Limited Liab business entity w	I - Registered Agent, Registity Company cannot serve as its ovith an active Florida registration.) I the Florida street address of Raymond Moreland 225 NE 3rd St	stered Office, & Registered Agent's Signatur in Registered Agent. You must designate an individual or anoth of the registered agent are:

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>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Raymond Eugene Moreland
	102 NE 2nd St #380
	Boca Raton FL 33432
MGR	Doug Hulsey
THO IT	102 NE 2nd St. #380
	Boca Raton FL 33432
	TALL A
	S
(Use attachment if necessary)	•
(One attachment is necessary)	
CLE V: Other provisions, if any.	
CLE V. Office provisions, if any.	
REQUIRED SIGNATURE:	
$\mathcal{M}_{\alpha}\mathcal{M}$	
1 UN 7	

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Raymond Eugene Moreland, Member and Manager

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)