

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



11/03/22--01009--008 **150.00





ATTORNEYS AT LAW

October 27, 2022

Via Regular Mail Only

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Equity 1, LLC a/k/a Equity 1 Holdings, LLC

Dear Sir/Madam:

Our firm represents the interest of Equity 1, LLC. On or about October 1, 2022, we mailed a check for the amount of \$125.00 for Equity 1, LLC, to register the entity in Florida. We have decided to convert the entity to be domiciled in Florida, registering the entity as Equity 1 Holdings, LLC. We have issued a new check totaling \$150.00 for the filing fee. Therefore, we hereby request you return the \$125.00 check voided and back to our office in the enclosed pre-paid envelope.

Sincerely,

Jessica Marsh

Enclosures

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Equity 1 Holdings, LLC		
	Lesulting Florida Limi	ted Company)
The enclosed Articles of Conversion, Art Business Entity" into a "Florida Limited	_	ion, and fees are submitted to convert an "Other y" in accordance with s. 605.1045, F.S.
Please return all correspondence concerni	ing this matter to:	
Vincent A. Indeglia		
(Contact Person)		-
Indeglia Lutrario		_
(Firm/Company)		
5200 Tamiami Trail North, Suite 101		_
(Address)		
Naples, FL 34103		
(City, State and Zip Code)	-
vincent@indeglialaw.com	_	_
E-mail Address: (to be used for future annual	report notifications)	
For further information concerning this m	natter, please call:	
Vincent A. Indeglia	at (⁴⁰¹	886-9240
(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	•	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 Co	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327		Street Address: New Filing Section 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 and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with \$,605,1045. Florida Statutes.

Statutes.	92. T	
 The name of the "Other Business Entity" immediately prior to the filing of the Articles Equity 1, LLC 	s of Conve	rsion is:
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a		
(Enter entity type. Example: corporation, limited partnership, general partnership, common	law or busin	ess trust, etc.)
First organized, formed or incorporated under the laws ofRhode Island		
(Enter state, or if a non-U.S. entity, the n	name of the co	ountry)
06-28-2017 on		
(date of organization, formation or incorporation)		
3. The name of the Florida Limited Liability Company as set forth in the attached Article	les of Orga	anization:
Equity 1 Holdings, 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 the date this document is filed by the Florida Department of State.)	calendar (days after
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be lis	sted as the
5. The plan of conversion has been approved in accordance with all applicable statutes.		

- The state of the s
- 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 25th day of October _____ 20 ____ . Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: Printed Name: Scot Halberg Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature: _ Printed Name: Scot Halberg Title: AMBR Signature: Printed Name: ______ Title: ____ Printed Name: ______ Title: _____ Signature: Printed Name: _____ Title: ___ Signature: Printed Name: ______ Title: _____ Signature: Printed Name:____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of **ALL** General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

Certified Copy: \$30.00 (Optional) Certificate of Status: \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	od California		
The name of the Limit	ted Liability Company is:		
Equity 1 Holdings, LLC		· · · · · · · · · · · · · · · · · · ·	
(Must co	ontain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addre The mailing address a		incipal office of the Limit	ed Liability Company is:
Principal Office Add	ress:	Mailing Address:	
57 Edgewood Farm Roa	ad	57 Edgewood Farm	
Wakefield, RI 02879		Wakefield, RI 02879	
business entity with an active. The name and the Flor	any cannot serve as its own Registre Florida registration.) rida street address of the research A. Indeglia Name		NOV -3 PK
52			1 1: 14 SIVIE
	00 Tamiami Trail North, Suit Iorida street address (P.O.		9
Na	ples	FL 34103	
	City	Zip	
liability company registered agent and statutes relating to	at the place designated in agree to act in this eapact the proper and complete p	this certificate, I hereby active. I further agree to comperformance of my duties, a disterted agent as provided.	oly with the provisions of al and I am familiar with and

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Scot Halberg
, will the	57 Edgewood Farm Road
	Wakefield, RI 02879
	
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REQUIRED SIGNATURE:	or an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	nce with section 605.0203 (1) (b), Florida Statutes. I am aware that
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware the ocument to the Department of State constitutes a third degree felor
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordar any false information submitted in a docas provided for in s.817.155, F.S. Scot Halberg	nce with section 605.0203 (1) (b), Florida Statutes. I am aware the cument to the Department of State constitutes a third degree felor
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