L22000500937

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300390192753

S. CHATHAM

DEC - 2 2022

SECRETARY OF STATE
SECRETARY OF

RECEIVED

022 NOV 3 1 A

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/01/2022			⇔WALK IN
	dvisors IIC		WALKE
ENTITY NAME JWR A	AUVISOIS, LLC		<u></u>
DOCUMENT NUMBER_			
	PLEASE FILE THE	ATTACHED AND RETURN	
xxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
/	PLEASE OBTAIN THE FOL Certified Copy of Arts 8	LOWING FOR THE ABOVE ENTITY & Amendments	
	Certificate of Good Stand	ing	
	APOSTILLE' / NO	TARIAL CERTIFICATION	
COUNTRY OF DESTINAT	70N	·····	<u></u>
NUMBER OF CERTIFICAT	TES REQUESTED		
TOTAL OWED \$150		ACCOUNT #: I20160000	0072
		5. 8 AM	
DO TO A A	la alama . Lamba .	ny issues or concerns. Thank you	- 00

Articles of Conversion For "Other Business Entity"

Into Florida Limited Liability Company

SCOR TANK OF SALIDAR DIVISION OF STATIONS 22 DEC - 1 PM 4: 17

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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: "R ADVISORS, 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.)
Fir	st organized, formed or incorporated under the laws of
on	March 3, 2005 (date of organization, formation or incorporation)
	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
	(Enter Name of Florida Limited Liability Company)
(Th the <u>Not</u>	If not effective on the date of filing, enter the effective date: """ """ """ """ """ """ """
5. T	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	s <u>16th</u>	day of November	20 <u>22</u>
-		rized Representative of Lin	
Signature	of Authori	zed Representative	Title: Manager
Printed Na	me: James	Rappaport	Title: Manager
1111100114			
			See below for required signature(s)
		1_	Title: Manager
Signature:		Panagard	Tide: Manager
Printed Na	me: James	каррароп	I i(ie: ivialiagei
	-		
Printed Na	me:		Title:
Signature:			
Printed Na	mc:		Title:
G : .			
Signature:			Title:
Printed Na	me:		Tiue:
Signature:			
Printed Na	me:		Title:
Printed Na	me:		Title:
~	of Chairma	ion: n, Vice Chairman, Director, or rs have not been selected, an Ir	
		artnership or Limited Liabil eral Partner.	ity Partnership:
•		artnership or Limited Liabil eneral Partners.	ity Limited Partnership:
All others: Signature of		rized person.	
Fees:			
Art	ticles of C	onversion:	\$25.00
		ida Articles of Organization:	\$125.00
	rtified Cor	-	\$30.00 (Optional)
	rtificate of		\$5.00 (Optional)
30.		•	N = F



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Lin	nited Liability Compan	y is:	
JWR ADVISORS, LLC		iability Company, "L.L.C.," or "LLC.")	
(tetus)	contain the words 1.mmed 1.	lability Company, E.E.C., VI EEC.)	
ARTICLE II - Add			
The mailing address	and street address of th	ne principal office of the Limited Lia	bility Company is:
Principal Office Ac	ldress:	Mailing Address:	
51 Water Street		P.O. Box 3668	
St. Augustine, FL 32084		St. Augustine, FL 32085	<u> </u>
(The Limited Liability Conbusiness entity with an ac The name and the Fl	npany cannot serve as its own I tive Florida registration.)	ered Office, & Registered Agent's Registered Agent. You must designate an individ the registered agent are:	
	···	Vame	
			R KAD
<u>.</u>	51 Water Street	(D.O. Day NOT assessible)	五 20 <u>00</u> 大
	riorida street address ((P.O. Box NOT acceptable)	- 7
; -	St. Augustine	FL ³²⁰⁸⁴	,
	City	Zip	
liability compa registered agent at statutes relating	ny at the place designate nd agree to act in this co to the proper and compl gations of my position a	nd to accept service of process for the ed in this certificate, I hereby accept to upacity. I further agree to comply with lete performance of my duties, and I as registered agent as provided for in Company of the signature (REQUIRED)	he appointment as h the provisions of all m familiar with and

(CONTINUED)

ARTICLE IV-

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

UANADDII — A sale anima d Massale an	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	James Rappaport
WOR	P.O. Box 3668
	St. Augustine, FL 32085
	·
(Use attachment if necessary)	
(Ose anaemient in necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	e an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware iment to the Department of State constitutes a third degree for
REQUIRED SIGNATURE: Signature of a member or	e with section 605,0203 (1) (b). Florida Statutes, I am aware
Signature of a member or This document is executed in accordance any false information submitted in a docu	e with section 605,0203 (1) (b). Florida Statutes, I am aware
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. James Rappaport	e with section 605,0203 (1) (b). Florida Statutes, I am aware

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