# 123000092492

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
<b>,</b> ,
Certified Copies Certificates of Status
Germied Copies
<u> </u>
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SECRETARY OF STA

#### **COVER LETTER**

TO:	New Filing S Division of C				
SHRI	IFCT. Lighthou	ise Insurance Agency, L	.LC		
3000	ECT	(Name of Re	sulting Florida L	imited Co	ompany)
The e Busin	nclosed Article ess Entity" into	es of Conversion, Artic o a "Florida Limited L	eles of Organiz liability Comp	zation, a any" in :	and fees are submitted to convert an "Othe accordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernir	ig this matter t	o:	
Angela	a Braner				
		(Contact Person)		<del></del>	
Lighth	ouse Insurance	Agency, LLC			
	-	(Firm/Company)			
7201 (	Costa Bella Dr				
	<u>-</u>	(Address)	<del></del>		
Brade	nton, FL 34209	,			
	(0	City, State and Zip Code)			
angie(	@lighthouseager	ncy.biz			
E-n	nail Address: (to b	e used for future annual re	port notifications	s)	
For fu	rther informati	on concerning this ma	tter, please cal	П:	
Angela	a Braner		_at (219	730-	-6344
	(Name of Conta	et Person)	(Area Co	de) (Da	ytime Telephone Number)
Enclos dollars	sed is a check t s and drawn on	or the following amou a bank located in the	int: (All check United States)	s proces	ssed by this office must be payable in US
\$25 fo: & \$125	0.00 Filing Fees r Conversion for Articles nization)	☐S155.00 Filing Fees and Certificate of Status	□S180.00 Fili and Certified C	_	☐S185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, H	ection orporations 7		New Divis The ( 2415	Filing Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 8507

### 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: Lighthouse Insurance Agency, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LEC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
03/01/2005 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Lighthouse Insurance Agency, 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 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.

2023 FEB 13 PH 8: 19
SECRETARY OF STATE

Signed this 10 day of February	20_23
Signature of Authorized Representative of	Limited Liability Company:
Signature of Authorized Representative:	Title: Member/Owner
Signature(s) on behalf of Other Business En	tity: [See below for required signature(s)]
Signature: (Ivapla Raner Printed Name: Angela Braner	_
Printed Name: Angela Braner	Title: Member/Owner
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
rimed Name.	Title
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Direct	ar ar Office
If Directors or Officers have not been selected.	
	The state of the s
If Florida General Partnership or Limited L Signature of one General Partner.	<u>.iability Partnership:</u>
Signature of one General Partner.	
If Florida Limited Partnership or Limited L. Signatures of ALL General Partners.	iability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

	ance Agency, LLC		
ĺ	(Must contain the words "Limited I	Liability Company, "L.L.C" or "LLC.")	
ARTICLE II - The mailing add		he principal office of the Limited Lia	ability Company is:
Principal Offic	e Address:	Mailing Address:	
7201 Costa Bella	Dr	7201 Costa Bella Dr	
Bradenton, FL 34		Bradenton, FL 34209	
(The Limited Liability business entity with		tered Office, & Registered Agent's Registered Agent. You must designate an individual the registered agent are:	
(The Limited Liability business entity with	y Company cannot serve as its own an active Florida registration.)  ne Florida street address of  Angela Braner	Registered Agent. You must designate an individual the registered agent are:	
(The Limited Liability business entity with	y Company cannot serve as its own an active Florida registration.)  ne Florida street address of  Angela Braner	Registered Agent. You must designate an indivi-	
(The Limited Liability business entity with	y Company cannot serve as its own an active Florida registration.)  ne Florida street address of  Angela Braner  7201 Costa Bella Dr	Registered Agent. You must designate an individual the registered agent are:	
(The Limited Liability business entity with	y Company cannot serve as its own an active Florida registration.)  ne Florida street address of  Angela Braner  7201 Costa Bella Dr	Registered Agent. You must designate an individual the registered agent are:	
(The Limited Liability business entity with	y Company cannot serve as its own an active Florida registration.)  The Florida street address of Angela Braner  T201 Costa Bella Dr  Florida street address	Registered Agent. You must designate an individual the registered agent are:  Name  (P.O. Box <u>NOT</u> acceptable)	

(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	
"MGR" = Manager	
AMBR	Angela Braner
AMPLE	7201 Costa Bella Dr
	Bradenton, FL 34209
	510001N011,1 E 0 1200
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REQUIRED SIGNATURE:  Signature of a member or an This document is executed in accordance with the state of th	n authorized representative of a member ith section 605.0203 (1) (b), Florida Statutes. I am aware tent to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE:  Signature of a member or an This document is executed in accordance we any false information submitted in a docume as provided for in s.817.155, F.S.  Angela Braner	n authorized representative of a member ith section 605,0203 (1) (b), Florida Statutes. I am aware tent to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE:  Signature of a member or an This document is executed in accordance we any false information submitted in a docume as provided for in s.817.155, F.S.  Angela Braner	n authorized representative of a member ith section 605.0203 (1) (b), Florida Statutes. I am aware tent to the Department of State constitutes a third degree fellow or printed name of signee
REQUIRED SIGNATURE:  Signature of a member or an This document is executed in accordance we any false information submitted in a docume as provided for in s.817.155, F.S.  Angela Braner  Type	n authorized representative of a member ith section 605.0203 (1) (b), Florida Statutes. I am aware tent to the Department of State constitutes a third degree fellow or printed name of signee  Filing Fees
REQUIRED SIGNATURE:  Signature of a member or an This document is executed in accordance with any false information submitted in a docume as provided for in s.817.155, F.S.  Angela Braner  Type  \$125.00 Filing Fee for Articles of the submitted in a document is executed in accordance with any false information submitted in a document as provided for in s.817.155, F.S.	n authorized representative of a member ith section 605.0203 (1) (b), Florida Statutes. I am aware tent to the Department of State constitutes a third degree fellow or printed name of signee  Filing Fees Organization and Designation of Registered
REQUIRED SIGNATURE:  Signature of a member or an This document is executed in accordance we any false information submitted in a docume as provided for in s.817.155, F.S.  Angela Braner  Type	rauthorized representative of a member ith section 605.0203 (1) (b), Florida Statutes. I am aware tent to the Department of State constitutes a third degree fellow or printed name of signee  Filing Fees Organization and Designation of Registered
Signature of a member or an This document is executed in accordance we any false information submitted in a docume as provided for in s.817.155, F.S.  Angela Braner  Type  \$125.00 Filing Fee for Articles of 6	n authorized representative of a member ith section 605.0203 (1) (b), Florida Statutes. I am aware tent to the Department of State constitutes a third degree fellow or printed name of signee  Filing Fees Organization and Designation of Registered

## State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate, records and the proper official to execute this certificate.

I further certify that records of this office disclose, that

LIGHTHOUSE INSURANCE AGENCY, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 15, 2005, and was in existence or authorized to transact business in the State of Indiana on February 10, 2023.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes; interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, February 10, 2023

Diego More

DIEGO MORALES
SECRETARY OF STATE

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All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on March 12, 2023.