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



100409883041

# Sunshine State Corporate Compliance Company

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

DATE 06/28/2023	-		<b>⇔</b> WALK IN
ENTITY NAME SJM Pa	urtners, Inc.		
·			
DOCUMENT NUMBER_			
	**PLEASE FILE THE	E ATTACHED AND RETURN**	
XXXXXX	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts Certificate of Good Stan		
	**APOSTILLE' / N.	OTARIAL CERTIFICATION**	
COUNTRY OF DESTINAT	TON		
NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED \$150		ACCOUNT #: I2016000007	2
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DO OO Tim at to	/ - /	any issues or concerns. Thank you so	/ /

## 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: SJM Partners, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation  (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)
February 17, 2009  (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
SJM Partners, 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.

Signed this <u>27th</u> day of <u>June</u>	20_23
Signature of Authorized Representati	ve of Limited Liability Company:
Signature of Authorized Representative Printed Name: Stephen J Garchik	:
	<u>ss Entity:</u> [See below for required signature(s)]
Signature: Mu 1. Saun.	
Printed Name: Stephen J Garchik	Title: President
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, D If Directors or Officers have not been sele	Director, or Officer.
<mark>lf Florida General Partnership or Limi</mark> Signature of one General Partner.	ted Liability Partnership:
<u>If Florida Limited Partnership or Limi</u> Signatures of <u>ALL</u> General Partners.	ted Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00

\$125.00

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

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: 1. 27 PF 2:4

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	TOR FLORIDA LIVII I ED LIA	BILLY Y COMMANY
The name of the Limited Liability Com	pany is:	
SJM Partners, LLC		
(Must contain the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")	
A TOTAL OF THE STATE OF THE STA		
ARTICLE II - Address:		
The mailing address and street address of	of the principal office of the Limite	ed Liability Company is:
Principal Office Address:	Mailing Address:	
101 SE 4th Avenue	11890 Sunrise Valley Drive	9
Delray Beach, FL 33483	Suite 554	<u>-</u>
	Reston, VA 20191	
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.)  The name and the Florida street address		
Katz Baskies & Wolf F	PLLC	
	Name	
2000 No. 45 Marin	0.5.0	
3020 North Military Tre	all Sulte 100 ss (P.O. Box <u>NOT</u> acceptable)	
Boca Raton	FL <sup>33431</sup>	
City	Zip	
Having been named as registered agen liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position	nated in this certificate, I hereby act s capacity.  I further agree to compl mplete performance of my duties, ar	cept the appointment as ly with the provisions of all nd I am familiar with and
Registered Agent	t's Signaturo (REQUIRED)	
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(CO	ONTINUED)	ربل 2023
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<u> Citle:</u>	Name and Address:
'AMBR" = Authorized Member	<u> </u>
'MGR" = Manager	<b>.</b>
MGR	Stephen J Garchik
	2474 S Ocean Boulevard
	Highland Beach, FL 33487
<del> </del>	
	<del></del>
Use attachment if necessary)	
Use attachment if necessary)	
Use attachment if necessary)  LE V: Other provisions, if any.	
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LE V: Other provisions, if any.  REQUIRED SIGNATURE:	hy. Mann-
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am awa
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am awa
Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	an authorized representative of a member
Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.  Stephen J Garchik, Manager	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am awalment to the Department of State constitutes a third degree
Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.  Stephen J Garchik, Manager	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am awaiment to the Department of State constitutes a third degree upper or printed name of signee
Signature of a member or This document is executed in accordance any false information submitted in a document of a provided for in s.817.155, F.S.  Stephen J Garchik, Manager	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am awaiment to the Department of State constitutes a third degree where the printed name of signee  Filing Fees of Organization and Designation of Registere
Signature of a member or This document is executed in accordance any false information submitted in a document of a provided for in s.817.155, F.S.  Stephen J Garchik, Manager	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am awaiment to the Department of State constitutes a third degree where the printed name of signee  Filing Fees of Organization and Designation of Registere
Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.  Stephen J Garchik, Manager  Ty  \$125.00 Filing Fee for Articles	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am awaiment to the Department of State constitutes a third degree where the printed name of signee  Filing Fees of Organization and Designation of Registere

ARTICLE IV-