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	(Address)
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	D D MANT
☐ PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Considerations	4- Filing Officer
Special Instructions	s to Flling Officer:
	Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: INVCO Group LLC			
(Name of	Resulting Florida Lir	nited Company)	
	~	ation, and fees are submitted to convert an "Othny" in accordance with s. 605.1045, F.S.	ier
Please return all correspondence concerr	ing this matter to	:	
Jacob Bredt			
(Contact Person) Gravis Law, PLLC			
(Firm/Company)			
503 Knight St Ste A			
(Address)		-	
Richland, Washington 99352			
(City, State and Zip Code Jbredt@gravislaw.com	:)		
E-mail Address: (to be used for future annua	report notifications)	, 	
For further information concerning this a	natter, please call	:	
Jacob Bredt	at (509	241-3507	
(Name of Contact Person)		le) (Daytime Telephone Number)	
Enclosed is a check for the following am dollars and drawn on a bank located in the	•	processed by this office must be payable in U	S
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fee and Certificate of Status	s 👿 \$180.00 Filin and Certified C		
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 m Tallahassee, FL 32303	T U

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: Investment Construction US, ELC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Foreign limited liability company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(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)
October 31, 2016
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
INVCO Group 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.)
<u>Note:</u> 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.

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

INVCO Group LLC	
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
REFICLE II - Address: The mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: <u>Mailing Address:</u>
the mailing address and street address of the principal office	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

Registered Agents In	nc		
	Name		
7901 4th St N		STE 300	
Florida street addres	s (P.O. Box <u>N</u>	T acceptable)	
St. Petersburg	FL	33702	
City	State	Zip	

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)

А	DT	1.	IV_{-}

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

'AMBR" = Authorized Member	
'MGR" = Manager MGR	INVCO Holdings LLC
WIGHT THE PROPERTY OF THE PROP	30 N. Gould St. STE R
	Sheridan, Wyoming 82801
Use attachment if necessary)	
(Use attachment if necessary) (If V: Other provisions, if any	
Use attachment if necessary) E V: Other provisions, if any.	
•	
•	
REQUIRED SIGNATURE:	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Jacob Bridt	
REQUIRED SIGNATURE: Jacob Brild Signature of a member or	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am ware that
REQUIRED SIGNATURE: Jacob Brild Signature of a member or This document is executed in accordance	with section 605.0203 (1) (b). Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felon
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	with section 605,0203 (1) (b). Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felon
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S. Jacob Bredt Authorized Representation	with section 605,0203 (1) (b). Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felon