

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





Office Use Only

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 - Tallahassee, Florida 32301 (850) 224-8870 - 1-800-342-8062 - Fax (850) 222-1222

	_
FCG Holdings, LLC	- ₁
Please Debit FCA000000003 For: 150	
rease Debit Permoonings For. 15	-
Thank you Seth Neeley	
Stall	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Phulo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/ .	Officer Search
	Ficitious Search
Signature	Fictitious Owner Search
J. J	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
name Date time	UCC II Retrieval
Walk-In Will Pick Up	Courier



December 19, 2023

CAPITAL CONNECTION, INC.

SUBJECT: FCG HOLDINGS, LLC Ref. Number: W23000167785

We have received your document for FCG HOLDINGS, LLC. However, the document has not been filed and is being returned for the following:

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 323A00028819



COVER LETTER

TO: New Filing Se Division of Co					
SUBJECT: FCG Hold	lings, LLC				
NOBSIDE I.	(Name of Res	ulting Florida Limit	ed Com	ipany)	
The enclosed Articles Business Entity" into	of Conversion, Articl a "Florida Limited Li	les of Organization	on, and	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.	
Please return all corre	spondence concerning	g this matter to:			
Anthony P. Guettler					
	(Contact Person)	-	-		
Gould Cooksey Fennel	I				
	(Firm/Company)		•		
979 Beachland Blvd.					
	(Address)		•		
Vero Beach, FL 32963					
(C	ity, State and Zip Code)		•		
apgcorporate@gouldco	ooksey.com				
E-mail Address: (to be	used for future annual re	port notifications)	•		
For further informatic	on concerning this ma	tter, please call:			
Anthony P. Guettier		_at () 231-	1100	
(Name of Contac	it Person)	(Area Code)	(Day	time Telephone Number)	
	or the following amou a bank located in the		rocess	sed 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 Cop		☐S185.00 Filing Fees. Certified Copy, and Certificate of Status	
<u>Mailing Addr</u> New Filing Sc				t Address:	
Division of Co			New Filing Section Division of Corporations		
P.O. Box 6327	7		The C	entre of Tallahassee	
Tallahassee, F	1, 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 <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.

FCG Holdings, 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.
(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)
September 3, 2014
On
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: FCG 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 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.

Signed	l this <u>13th</u>	day of December_		2023
Signat	ture of Author	rized Representativ	e of Limite	ed Liability Company:
Signati	ure of Authori	zed Representative:	John a	Combias Title: Manager
Printed	l Name: John A	. Combias	<u> </u>	Title: Manager
Signat	ure(s) on beha	If of Other Business	Entity: [S	ee below for required signature(s)
Signati	ure: <u>0</u>	Combine		Title: Manager
rrinted	1 Name: John A	. Comotas		Title: Manager
Signati	ure:			
Printed	l Name:			Title:
Cir.	***			
-Signau -Printed	ate: l Name:	.		Title:
Signan	ire:	 		Title:
Printed	l Namet			Title:
Sienati	ire:			
Printed	l Name:			Title:
-Signatt -Priotod	Ife:			Title;
Timed				Title.
Signau	ida Corporati ire of Chairmai ctors or Officer	o <mark>n:</mark> 1, Vice Chairman, Di 15 have not been selec	rector, or O ted, an Inco	flicer, oporator must sign.
	<u>ida General P</u> ire of one Gene	artnership or Limit ral Partner.	<u>ed Liability</u>	Partnership:
		artnership or Limits eneral Partners.	<u>ed Liability</u>	Limited Partnership:
<u>All oth</u> Signatu	<u>iers:</u> ire of an author	ized person.		
Fees:				
	Articles of Co Fees for Flori Certified Cop Certificate of	da Articles of Organ y:	ization:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N:		ility Company is:		
THE TRAITE OF THE		incy Company is:		
FCG Holdings, LLC				
(2)	lust contain the v	vords "Limited Liability	Company, "L.L.C.," or "L	(I.C.'')
ARTICLE II - A The mailing addr		address of the pri	ncipal office of the I	Limited Liability Company is:
Principal Office	Address:		Mailing Address:	
1475 Gulf Shore B	lvd. S.	····	1475 Gulf Shore Blv	rd. S
Naples, FL 34102			Naples, FL 34102	.
business entity with a		et address of the re	gistered agent are:	
		:Name		
		Shore Blvd. S.		
	Florida st	reet address (P.O.	Box NOT acceptab	le)
	Naples		FI, 34102	
		City	Zip	
liability com registered agen statutes relati	pany at the p t and agree to ng to the proj	lace designated in a act in this capaci, wer and complete p	this certificate. There ty. I further agree to erformance of my du	ocess for the above stated limited eby accept the appointment as comply with the provisions of all ties, and I am familiar with and ided for in Chapter 605, F.S.,
		John a C	ombia:	
	Regist	<u> </u>	iture (REQUIRED)	
		(CONTINU	JE D)	

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	John A, Combias
	1475 Gulf Shore Blvd. S.
	Naples, FL 34102
AMBR	Lilly Combias
	1475 Gulf Shore Blvd. S.
	Naples, FL 34102
48, 40.4	
	_
(Use attachment if necessary)	
• •	
ICLE V: Other provisions, if any.	
##.	
DEMHUEN SIZMATINE.	
REQUIRED SIGNATURE:	
Qc	rhn A. Combias

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

John A. Combias

A

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)