L24000217060

(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



800428650738

05/02/24--01055--010 **185.00



T.J.H 51/L/Zy

COVER LETTER

TO: New Filing S Division of C				
SUBJECT: Edina Ca	apital Management LLC			
	(Name of Res	sulting Florida Lir	Limited Company)	
		•	zation, and fees are submitted to convert an "Otheoany" in accordance with s. 605.1045. F.S.	er
Please return all corr	espondence concernin	g this matter to	to:	
David Farmer				
	(Contact Person)		_	
Edina Capital Manage	ment LLC			
	(Firm/Company)			
5730 SW 74th Street S	Ste 400			
	(Address)	-		
Miami, FL 33143	ŕ			
(1	City, State and Zip Code)			
david.farmer@comcas	st.net			
E-mail Address: (to b	e used for future annual re	port notifications	15)	
For further informati	on concerning this ma	tter, please cal	all:	
David Farmer		_at (<u>612</u>	, 840-1899	
(Name of Conta	ect Person)	(Area Cod	ode) (Daytime Telephone Number)	
	or the following amou a bank located in the		ks processed by this office must be payable in US	
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	S180.00 Fili and Certified C		
Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Edina Capital Management 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.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
6/13/2016 on .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Edina Capital Management LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: May 10, 2024 (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
(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 this 29	day of <u>April 2024</u>	20
Signature of Auth	orized Representative of	Limited Liability Company:
Signature of Author	orized Representative:	Sand Man
Printed Name: David	d Farmer	Title: Authorized Member
		Title.
Signature(s) on be	half of Other Business Enti	ity: [See below for required signature(s)]
C	To all	
Signature:	and fain	
Printed Name: David	d Farmer'	Title: Authorized Member
Signature:		
Printed Name:	<u> </u>	Title:
Signature:		
Printed Name:	· -· · · · -	Title:
Clamator		
Signature: Printed Name:	 -	Title:
r rinted Name		11(1)
Signature:		
Printed Name:		Title:
	<u> </u>	
Printed Name:		Title:
If Florida Corpora	ation:	
	nan. Vice Chairman, Directo	r, or Officer.
If Directors or Office	eers have not been selected, a	an Incorporator must sign.
IATEL 11 C		
Signature of one Ge	Partnership or Limited Li	ability Partnership:
Signature of one of	inciai i aitiici.	
If Florida Limited	Partnership or Limited Li	ability Limited Partnership:
Signatures of ALL		
All others:		
Signature of an auth	iorizea 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:



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nat The name of the L	me: imited Liability Company is	3:		
Edina Capital Mana (Mi	gement LLC set contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	 	
ARTICLE II - Ac				
The mailing addre	ss and street address of the p	principal office of the Limited	Liability Company is:	
Principal Office A	Address;	Mailing Address:		
5730 SW 74th Stree	of Ste 400	5730 SW 74th Street Ste 400		
Miami, FL 33143		Miami, FL 33143		
The name and the	Florida street address of the James W. Hicks	ie		
	5730 SW 74th Street Ste 400 Florida street address (P.O. Box NOT acceptable)			
	Miami	FL 33143		
	City	Zip		
registered agent statutes relating	arty at the place designated i and agree to act in this capa g to the proper and complete	to accept service of process for in this certificate, I hereby acception. I further agree to comply performance of my duties, and registered agent as provided for mature (REQUIRED)	pt the appointment as with the provisions of all	

(CONTINUED)



ARTICLE IV-

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	
AMBR	David Farmer
	5730 SW 74th Street Ste 400
	Miami, FL 33143
	
	
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	arif Taem
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
David Farmer	
Ty	ped or printed name of signee
	Filing Fees

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)