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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
| Certified copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| Division of Corporations | | |
|---|---------------------------------------|--|
| SUBJECT: G8 Group, ELC | | |
| (Name of Res | ulting Florida Limite | d Company) |
| The enclosed Articles of Conversion, Articl Business Entity" into a "Florida Limited Li | les of Organizatio ability Company | n, and fees are submitted to convert an "Other" in accordance with s. 605,1045, F.S. |
| Please return all correspondence concerning | g this matter to: | |
| Sara Dowden, Paralegal | <u>.</u> | |
| (Contact Person) | | |
| Jeselskis Brinkerhoff and Joseph, LLC | | |
| (Firm/Company) | | |
| 320 North Meridian Street, Suite 428 | | |
| (Address) | | |
| Indianapolis, IN 46204 | | |
| (City, State and Zip Code) | | |
| wade@argyleinvestors.com | | |
| E-mail Address: (to be used for future annual re | port notifications) | |
| For further information concerning this ma | tter, please call: | |
| Sara Dowden | at (317 | 220-6290 |
| (Name of Contact Person) | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the following amou dollars and drawn on a bank located in the | int: (All checks pi United States) | rocessed 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 Copy | |
| Mailing Address: | | Street Address: |
| New Filing Section | | New Filing Section Division of Corporations |
| Division of Corporations P.O. Box 6327 | | |
| Tallahassee, FL 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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: |
|--|
| G8 Group, LLC (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a (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 3, 2016 on . |
| on |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: G8 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.) 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 19 day of 41 | |
|--|--------------------------------------|
| Signature of Authorized Representative of Limi | ted Liability Company: |
| Signature of Authorized Passacetation Mr | |
| Signature of Authorized Representative: Printed Name: Laurence Wade Knall | Title: Sole Member and Manager |
| Timed Name. <u>Edulation Vision Hills.</u> | Thie. ook weeks |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s)] |
| | |
| Signature: Printed Name: Laurence Wade Knall | T'il. Sole Homber and Hanger |
| Printed Name; Laurence Wade Khali | 1 itte: Sole Member and Manager |
| Signature: | |
| Signature:Printed Name: | Title: |
| | |
| Signature: | |
| Printed Name: | _ Title: |
| Signature | |
| Signature:Printed Name: | Title: |
| | |
| Signature: | |
| Signature: Printed Name: | Title: |
| C | |
| Signature:Printed Name: | Title |
| rtinted Name: | |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or | |
| If Directors or Officers have not been selected, an Inc | corporator must sign. |
| If the side Comment to the second to the sec | an Domano makim |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty rartnership: |
| Signature of one General's article. | |
| If Florida Limited Partnership or Limited Liabili | ty Limited Partnership: |
| Signatures of ALL General Partners. | |
| | |
| All others: | |
| Signature of an authorized person. | |
| 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) |

2024 HAY -8 RH 10: 0C

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Na The name of the L | me: .imited Liability Company | is: | | |
|---|---|---|--|--|
| | G8 Gro | up, LLC | | |
| (M | ust contain the words "Limited Lia | bility Company, "L.L.C.," or "LLC.") | _ | |
| ARTICLE II - A The mailing addre | | principal office of the Limited Liability | Company is: | |
| Principal Office Address: | | Mailing Address: | | |
| 1900 Sunset Harbo | | 1900 Sunset Harbor Drive, Unit 2312 | 1900 Sunset Harbor Drive, Unit 2312 | |
| Miami Beach, FL 3 | 3139 | Miami Beach, FL 33139 | _ | |
| | | | _ | |
| (The Limited Liability C husiness entity with an | Company cannot serve as its own Ro nactive Florida registration.) Florida street address of the | red Office, & Registered Agent's Signa egistered Agent. You must designate an individual or an increase registered agent are: Knall | other | |
| | N: | ame | | |
| | 1900 Sunset Harbor Drive, Unit 2312 | | | |
| | | P.O. Box NOT acceptable) | | |
| | Miami Beach | FL 33139 Zip | | |
| | City | Zip | | |
| liability com registered agen statutes relati | pany at the place designate of and agree to act in this ca ng to the proper and comple obligations of my position as | d to accept service of process for the above d in this certificate, I hereby accept the approacity. I further agree to comply with the part performance of my duties, and Lamfant registered agent as provided for in Chapte Signature (REQUIRED) | pointment as provisions of all piliar with and | |

(CONTINUED)

2025 NAY -8 AH 10: 00

| ARTICLE IV- | |
|---|---|
| The name and address of each pe | erson authorized to manage and control the Limited Liabilit |
| Company: | |
| | |
| Title: | Name and Address: |
| 0 1 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | |

"AMBR" = Authorized Member "MGR" = Manager AMBR & MGR Laurence Wade Knall 1900 Sunset Harbor Drive, Unit 2312 Miami Beach, FL 33139 (Use attachment if necessary) **ARTICLE V:** Other provisions, if any.

Signature of a member or an authorized representative of a member

REQUIRED SIGNATURE:

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.

Laurence Wade Knall

Typed or printed name of signee

Filing Fees

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

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

G8 GROUP, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 03, 2016, and was in existence or authorized to transact business in the State of Indiana on April 29, 2024.

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, April 29, 2024

iego Morales

DIEGO MORALES
SECRETARY OF STATE

201610031161161 / 20243741393

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

Expires on May 29, 2024.