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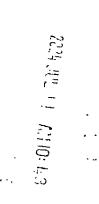
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
,
Certified Copies Certificates of Status
<u></u>
Special Instructions to Filing Officer:

Office Use Only



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### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: CA SEARCH ADVISO	DRS, LLC	
	Name of Resulting Florida Limi	ited Company)
	· —	ion, and fees are submitted to convert an "Other y" in accordance with s. 605.1045, F.S.
Please return all correspondence	concerning this matter to:	
Richard K. Morley		
(Contact Pe	erson)	<del>-</del>
Richard K. Morley & Associates		
(Firm/Com	pany)	-
19 West Chicago Avenue, 1st Floor		
(Addres	ss)	<b></b>
Hinsdale, Illinois 60521		
(City, State and	Zip Code)	<del></del>
rich@rkmorleylaw.com		
E-mail Address: (to be used for futu	ere annual report notifications)	_
For further information concerning	ng this matter, please call:	
Brendan Sailer	at (630	601-6910
(Name of Contact Person)	(Area Code	(Daytime Telephone Number)
Enclosed is a check for the follow dollars and drawn on a bank loca		processed by this office must be payable in US
S150,00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$\sum{3}\$155.00 F and Certifica Status		
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

Tallahassee, FL 32303

## 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: CA Search Advisors, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a [Imited 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 (First state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
July 19, 2019
On July 19, 2019 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
CA Search Advisors, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:    July 1-2024     Connect the prior to date of receipt or filed date nor more than 90 calendar days after
(The effective date. Califor be pitor to date of receipt of field date for more than 30 calculat days account
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.

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

Signed this 13th day of June	20 <u>24</u>
Signature of Authorized Represen	tative of Limited Liability Company:
	Docusigned by.
Signature of Authorized Representat	ive: Krab 2020
Printed Name: Katherine M. Bec	ive: Krat Eben her 300/035FFille: Manager
· }	
Signature(s) on behalf of Other Bus	iness Entity: [See below for required signature(s)]
Signature(s) on behalf of Other Bus Signature:  Printed Name: Katherine M. Becker	$\smile$
Printed Name Katherine M. Becker	Title: Manager
DoeseErgned by:	
Signature:	
Printed Name: Amy D. Bauer	Title: Manager
Signature:	
Printed Name:	Title:
•	
Signature:	
Printed Name: :	Title:
Signature:	
Printed Name:	Title:
o.	
Signature:	Title:
Printed Name:	nuc:
If Florida Corporation:	
Signature of Chairman, Vice Chairma	n Director or Officer
If Directors or Officers have not been	selected an Incorporator must sign
The order of the order of the order	solution, an interpolation mass organ
If Florida General Partnership or L	imited Liability Partnership:
Signature of one General Partner.	
<b>2.8</b>	
If Florida Limited Partnership or L	imited Liability Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
<u>Fees:</u>	

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CA Sparah Advisor	LLC		
CA Search Advisor		ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addre		e principal office of the Limited Liabilit	y Company is:
· ·			, , ,
Principal Office	Address:	Mailing Address:	
110 High Brush Co	ourt	110 High Brush Court	
St. Johns, FL 3225	59	St. Johns, FL 32259	
-			_ <del>_</del>
•	n active Florida registration.) e Florida street address of the Katherine M. Becker	he registered agent are:	
	N	ame	
	110 High Brush Court		
		P.O. Box NOT acceptable)	
	St. Johns	FI. 32259	
	City	Zip	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

## 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	Kathadaa M. Daalaa
MGR	Katherine M. Becker
	110 High Brush Court St. Johns, FL 32259
	St. Johns, FL 32239
MGR	Amy D. Bauer
	148 Boone Trail
	Severna Park, MD 21146
(Has attachment if managemy)	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
LE V: Other provisions, it any.	
REQUIRED SIGNATURE:	— DocuSigned by:
REQUIRED SIGNATURE:	Knarthen
REQUIRED SIGNATURE:	— Docusigned by:
Signature of a member or	Scar Elen- 3907635CZE1B4F1.  an authorized representative of a member
Signature of a member or	an authorized representative of a member with section 605,0203 (1) (b), Florida Statutes. I am aware
Signature of a member or This document is executed in accordance any false information submitted in a docu	Kear Ebn.
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.  Katherine M. Becker	an authorized representative of a member with section 605,0203 (1) (b), Florida Statutes. I am aware

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