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





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COVER LETTER

TO: New Filing Secti Division of Corp					
SUBJECT: Moll Wealth					
3003EC1.	(Name of Res	ulting	Florida Limito	ed Con	ipany)
					d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all correspo	ondence concerning	this	matter to:		
Matthew K. Moll					
(0	Contact Person)				
Moll Wealth Management,	Inc.				
(1	Firm/Company)		· —		
2202 N West Shore Blvd,	Suite 200				
	(Address)				
Tampa, FL 33607	, ,				
(City,	State and Zip Code)				
matt@mollweaith.com	·				
E-mail Address: (to be use	ed for future annual rep	ort n	otifications)		
For further information of	concerning this mat	ter, p	olease call:		
Matthew K. Moll		at (727	300-4	225
(Name of Contact P	erson)	\	(Area Code)	/ {Day	time Telephone Number)
dollars and drawn on a b	-	Jnite	•		ed by this office must be payable in US
(\$25 for Conversion and	d Certificate of itus		Certified Copy		Certified Copy, and Certificate of Status
Mailing Address			-		Address:
New Filing Section Division of Corporate Corpo					Filing Section on of Corporations
P.O. Box 6327	orations.				entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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.

(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a S Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or husiness trust, et	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or husiness trust, et	c.)
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name of the country)	
Feburary 21, 2017 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 Moll Wealth Management, 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 afte the date this document is filed by the Florida Department of State.)	r
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.	

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 thi	s 11 day of Septemb	<u>20</u> <u>24</u> .	
Signature	of Authorized Representa	ative of Limited Liability Company:	
Simature	of Authorized Representativ	ve mark mar	
Printed Na	ime: Matthew K. Moll	ve: More More Title: President	
<u>Signature</u>	(s) on behalf of Other Busin	ness Entity: [See below for required signa	ture(s)
Cianatura	mond made	•	
Printed Na	me: Matthew K. Moll	Title: President	
Timee ive			
Signature:			
Printed Na	ime:	Title:	
Printed Na	ime:	Title:	
Timed ive	<u></u>		
Signature:			
Printed Na	ime:	Title:	
C'			
Signature:		Title:	
rimed iva	unc.	ride.	
Signature:			
Printed Na	ime:	Title:	
ICTI 'I			
	Corporation: of Chairman, Vice Chairman.	Director or Officer	
		selected, an Incorporator must sign.	
		imited Liability Partnership:	
Signature	of one General Partner.		
If Florida	Limited Partnership or Lie	mited Liability Limited Partnership:	
	of ALL General Partners.	mined Blushing Billines I withership.	
·	···		
All others			
Signature	of an authorized person.		
Fees:			
Ar	ticles of Conversion:	\$25.00	
	es for Florida Articles of Or		
Ce	ertified Copy:	\$30.00 (Optional)	
Ce	ertificate of Status:	\$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Moll Wealth Management, LLC. (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2202 N West Shore Blvd Suite 200	10617 Weybridge Drive Tampa, FL 33626
Tampa, FL 33607	
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re Matthew K. Moll	
Name	
10617 Weybridge Drive	
Florida street address (P.O.	Box NOT acceptable)
Tampa	FL 33607
City	Zip
liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete po	accept service of process for the above stated limited this certificate. I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Matthew K. Moli
	10617 Weybridge Drive
	Tampa, FL 33626
	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)	
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(Use attachment if necessary) CLE V: Other provisions, if any.	
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CLE V: Other provisions, if any. REQUIRED SIGNATURE: March: M.	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member e with section 605,0203 (1) (b), Florida Statutes. I am aware tha
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member e with section 605,0203 (1) (b), Florida Statutes. I am aware tha
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member e with section 605,0203 (1) (b), Florida Statutes, I am aware that iment to the Department of State constitutes a third degree felor
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document of a provided for in s.817.155, F.S.	an authorized representative of a member e with section 605,0203 (1) (b), Florida Statutes, I am aware that iment to the Department of State constitutes a third degree felor Matthew K. Moll
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member e with section 605,0203 (1) (b), Florida Statutes. I am aware that iment to the Department of State constitutes a third degree felor