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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer.	1

Office Use Only



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COVER LETTER

Division of Corporations	
SUBJECT: Agency Wea	1th Partners LLC sulting Florida Limited Company)
ame of Res	sulting Florida Limited Company)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L	les of Organization, and fees are submitted to convert an "Other iability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:
Kevin Paro	
Hevin Paro (Contact Person) Agency Wealth Partners (Firm/Company)	· LLC
9090 Bonita Bach 1 (Address)	<u>ld SE</u>
Bunita Springs, FL 34	135
Bunita Springs, FL 34 (City, State and Zip Code) Kevin & Sond E-mail Address: (to be used for future annual re	port notifications)
For further information concerning this ma	tter, please call:
(Name of Contact Person)	at (<u>800</u>) <u>490-8782</u> (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the	unt: (All checks processed by this office must be payable in US United States)
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certificate of Status	□S180.00 Filing Fees and Certified Copy Certificate of Status
Mailing Address:	Street Address:
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327	The Centre 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Agency Weath Partners 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.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
on 6/22/2017 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Agency Wighth Partners LLC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 10/25/2024. (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 25 day of October	20 24
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Benracentative:	k
Signature of Authorized Representative: Printed Name: Kevin Pag, wember	Title: Wember
Signature(s) on behalf of Other Business Entity:	• • • • • • • • • • • • • • • • • • • •
Signature:	
Signature: 10/1- Printed Name: Kun Para, member	Title: Member
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	m: I
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
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Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation:	0.00
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
,	1
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Agency Wealth Partners LL Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
91096 Bonita Bruch Rd SE. Bonila Springs, FL. 34135	9696 Bonita Bruch Rd SE Bonita Springs, FL 34135
ARTICLE III - Registered Agent, Registered (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 results	ered Agent. You must designate an individual or another
Mevin Paro Name	
16282 Allyra Civ Florida street address (P.O.	Box <u>NOT</u> acceptable)
Naples City	FL 34110 Zip
liability company at the place designated in	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all

(CONTINUED)

Registered Agent's Signature (REQUIRED)

statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

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

<u>Title:</u> "AMBR" = Authorized Member	
	<i>u</i>
"MGR" = Manager	Herin Paro
	16282 Milua Circle Apt. 1210
	Naples, FL 34110
(Use attachment if necessary)	
(Ose attachment if necessary)	
required signature:	
REQUIRED SIGNATURE:	
Signature of a member or	an authorized representative of a member
Signature of a member or a This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware t
Signature of a member or a This document is executed in accordance any false information submitted in a docur	with section 605.0203 (1) (b), Florida Statutes. I am aware t
Signature of a member or a This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware the nent to the Department of State constitutes a third degree fellows.
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