L2500000953

(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



300438438193

2025 JAN -2 17 9: 47

RECEIVED

2025 JAN - 2 PH 2: 5

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

ŤÓ `	Florida Department of SI	tate		FROM	Melissa Moreau		
	The Centre of Tallahasse				mmoreau@incser	v.com	
	2415 North Monroe Stree Tallahassee, FL 32303	et, Suite 810			850.656.7953		
	corphelp@dos.myflorida	.com					
	850-245-6051						207
							2025 J
REQUEST	DATE, 12/30/2024	PRIORITY	Expedite		OUR REF #	(Order I	D#) 2
	NTITY						2
LONE PEA	K ADVISORS, LLC						_:
							9: 47
	PERFORM THE FOLLOW EAK ADVISORS, LLC (S.:		· · · · · · ·	-	7
File the	attached conversion and s	subsquent article	es of organia	zation.			
				••			
\$150.00 A				•			
,							
	FORWARDING INSTRU NUMBER: I20050000052	JCTIONS:				;	
Please bill	the above referenced acc	ount for this ord	ler.				
If you have	e any questions please co	ntact me at 656	-7956,				
Sincerely,							
, /							
\							

Please bill us for your services and be sure to include our reference number on the invoice and couner package if applicable. For UCC orders, please include the thru date on the results.

Thursday, January 2, 2025 Page 1 of 1

COVER LETTER

	New.Filing Se Division of Co					
SHRIF	CT. LONE PE	AK ADVISORS, LLC				
1.000012	C1	(Name of Res	ulting Florida Lim	ited Con	npany)	_
			-		d fees are submitted to coordance with s. 605.	
Please r	eturn all corre	spondence concerning	g this matter to:			
Jermaine	e Allen					2 02
Shutts &	Bowen LLP	(Contact Person)		_		1025 J.™ - 2
		(Firm/Company)				ر ۰: د ۰:
525 Oke	echobee Blvd.	Ste. 1100		_		
		(Address)				[1] 9: 1,7
West Pa	lm Beach, FL 3	3401		_		1,7
	shutts.com	ity, State and Zip Code)		_		
E-mai	il Address: (to be	e used for future annual re	port notifications)			
For furtl	her informatic	on concerning this mat	tter, please call:			
Jermaine	e Allen		at (⁵⁶¹	650-8	554	
-	(Name of Contac	et Person)	(Area Code		time Telephone Number)	_
		or the following amou a bank located in the		process	sed by this office must	be payable in US
(\$25 for C	00 Filing Fees Conversion or Articles (zation)	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filin and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
] [Mailing Addr New Filing Sc Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		New I Divisi The C 2415	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suitassee, FL 32303	te 810

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion	and attached A	rticles of Organization	are submitted to	convert the f	ollowing
"Other Business Entity" i	into a Florida Li	imited Liability Compar	ny in accordance	with \$.605.1	045, Florida
Statutes.					

1. The name of the "Other Business Entity" immediately prior to the filing of the Arti LONE PEAK ADVISORS, LLC	icles of Con	version i	is:
(Enter Name of Other Business Entity)	_ .		1
2. The "Other Business Entity" is a	;	(<u>)</u>	
(Enter entity type. Example: corporation, limited partnership, general partnership, com	mon law or bu	isiness trus	st, etc
First organized, formed or incorporated under the laws of	111 111		.,
(Enter state, or if a non-U.S. entity, t	the name of th	e country)	I
December 31, 2004			
(date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached At LONE PEAK ADVISORS, LLC	<i>.</i>	6	
(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		ir days a	ıfter
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 of document's effective date on the Department of State's records.	date will not be	e listed as	the
5. The plan of conversion has been approved in accordance with all applicable statutes	s.		
6. The "Converted or Other Business Entity" has agreed to pay any members having appr	aisal rights t	he amour	nt to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees:

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compar	ny is:	
LONE PEAK ADVISORS. LLC		
(Must contain the words "Limited I	Liability Company, "L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liabi	lity Company is:
Principal Office Address:	Mailing Address:	2025
40 Prominence Sq. Inlet Beach, FL 32461	40 Prominence Sq, Inlet Beach	(· · · · · · · · · · · · · · · · · · ·
	FL 32461	
	<u> </u>	
ADTICLEMAN CONTRACTOR	. 1000 0 0 1 1 1 1 1 1 1 1	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	Registered Agent's Si Registered Agent, You must designate an individua	gnature:
The name and the Florida street address of	f the registered agent are:	
Corporation Company of	f Miami	
	Name	
200 South Biscayne Bou	llevard Suite 4100 (RLB)	
Florida street address	(P.O. Box NOT acceptable)	
MIAMI	FL ³³¹³¹	
City	Zip	
registered agent and agree to act in this c statutes relating to the proper and comp	ited in this certificate. Thereby accept the	appointment as the provisions of all familiar with and
	2	
Registered Agent's	s Signature (REQUIRED)	

(CONTINUED)

ARTICLE IV-

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

AMBR" = Authorized Member	
MGR" = Manager	
MGR .	David Hatter
****	40 Prominence Sq, Inlet Beach, FL 32461
	•
	
Use attachment if necessary)	
Use attachment if necessary)	
Use attachment if necessary)	
Use attachment if necessary) LE V: Other provisions, if any.	
LE V: Other provisions, if any,	
LE V: Other provisions, if any,	
LE V: Other provisions, if any,	
REQUIRED SIGNATURE:	or an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member o	or an authorized representative of a member see with section 605.0203 (1) (b), Florida Statutes, I am awa
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordan any false information submitted in a document.	or an authorized representative of a member see with section 605,0203 (1) (b). Florida Statutes, I am awa cument to the Department of State constitutes a third degree
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant.	ce with section 605.0203 (1) (b), Florida Statutes, I am awa
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordan any false information submitted in a document.	ce with section 605.0203 (1) (b), Florida Statutes, I am awa
Signature of a member of This document is executed in accordant any false information submitted in a document as provided for in s.817.155, F.S. David Hatter	ce with section 605.0203 (1) (b), Florida Statutes, I am awa