# P12000015513

(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



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B. BOSTICK
SEP - 5 2012
EXAMINER

### **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32301

SUBJECT: Capital Appreciation, LLC Name of Resulting Florida Profit Corporation
The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.
Please return all correspondence concerning this matter to:
William Gruntler Contact Person
Capital Appreciation, LLC Firm/Company
8551 W Sunrise Blvd, Suite 106
Plantation, FL 33322 City, State and Zip Code
Barutture asetaroup. US Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (954) 337-7790 Sin J
Enclosed is a check for the following amount:
\$105.00 Filing Fees and Certificate of Status  \$\square\$\$\$\$ \$\square\$
STREET ADDRESS:MAILING ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP. O. Box 63272661 Executive Center CircleTallahassee, FL 32314

## **Certificate of Conversion**

For

## "Other Business Entity"

Into

# Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of
Conversion is:
Capital Appreciation, LLC L1200007154
2. The "Other Business Entity" is a <u>limited liability Company</u> (Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of <u>FIDVida</u> (Enter state, or if a non-U.S. entity, the name of the country)
on
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
CAPITAL APPRECIATION, NC.  Enter Name of Florida Profit Corporation
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date:  (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this 30+4 day	of Aub		12_			
Required Signature for Individual signing affirms a third degree felony as property of the state	s that the facts stated in th	is document are true.	Any false inform	ation c	onstitu	ıtes
Signature of Chairman, V selected, an Incorporator: Printed Name:	ice Chairman, Director, C	Officer, or, if Director	s or Officers have	e not be	en	
Required Signature(s) on stated in this document ar s.817.155, F.S. [See below	behalf of Other Business e true. Any false informat of for required signature(s).	s Entity: Individual(s) tion constitutes a third ]	signing affirm(s) I degree felony as	) that the provide	ne facts led for	
Signature: Printed Name:	JILLIAM GRUNNEL	Title: MANA	KING MG.	m/s=1	~	
Signature:Printed Name:						
Signature:Printed Name:		_ Title:		• •		
Signature:Printed Name:		_ Title:		•		
Signature:Printed Name:		Title:				
Signature:Printed Name:		_ Title:		TILL AND THE	12 SE	<b>መ</b> ະ ኃላፊ
If Florida General Partne Signature of one General Partne		y Partnership:		MSSEE	±-	para.
If Florida Limited Partne Signatures of <u>ALL</u> General	rship or Limited Liabilit Partners.	y Limited Partnershi	<u>):</u>			(Pirac)
If Florida Limited Liabili Signature of a Member or A	ty Company: Authorized Representative.			<u> </u>	7	
All others: Signature of an authorized	person.					
Fees:  Certificate of Conv Fees for Florida Ar Certified Copy: Certificate of Statu	rticles of Incorporation:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)				

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME  The name of the corporation sha	ll be: CAPITAL	APPRECIATION, 1	~c.
_ 8551 W	LOFFICE al <u>street</u> address SUNVISE BIVO I TE 106	Mailing add	ress, if different is:
ARTICLE III PURPOSE The purpose for which the corp INUEST MI	oration is organized is: NT AdViSory S	Services	
ARTICLE IV SHARES The number of shares of stock is	, •••		
Name and Title: Will Address: 855		Name and Title: Address:	F
Name and Title:		Name and Title:	SEP
		Name and Title:Address:	
Address: 855		d. Ste 106	
ARTICLE VII INCORPORT The name and address of the Incorporation Name: Address:  855 Plan	corporator is:	7,0 N, /NC. Nd, Stc /06	
Having been named as registere this certificate, I am familiar with	ed agent to accept service of pro In and accept the appointment as	ocess for the above stated corporat s registered agent and agree to act t	ion at the place designated in in this capacity
Required Signature	(D - ninham d A	8:30:20 12 Date	_
I submit this document and affi	rm that the facts stated herein	Date are true, I am aware that any fals elony as provided for in s.817,155,	se information submitted in a F.S.
44		830.20 n	_
Required Signature/	ncorporator	Date	-
U			