

P140000031750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

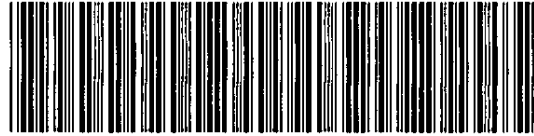
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
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**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Lenger Asset Management  
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:

Steven Hendrickson  
Contact Person

Lenger Asset Management  
Firm/Company

7995 Mount Ranier Drive  
Address

Jacksonville, FL 32256  
City, State and Zip Code

Steven@lengerassetmanagement.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Hendrickson at (904) 329-0098  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                               |                                                                               |                                                                     |                                                                                                           |
|-----------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certified Copy | <input checked="" type="checkbox"/> \$122.50 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |
|-----------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**STREET ADDRESS:**

Charter Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Charter Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

This Certificate of Conversion **and attached Articles of Incorporation** 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:

Lenger Asset Management - L04000029997  
Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC  
(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 Florida  
(Enter state, or if a non-U.S. entity, the name of the country)

on 4/19/2004  
Enter date "Other Business Entity" was first organized, formed or incorporated

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:**

Lenger Asset Management  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 4/1/2014  
(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.)

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Signed this 15 day of March, 20 14.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: \_\_\_\_\_

Printed Name: Keith D. Lenger Title: President

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: \_\_\_\_\_

Printed Name: Keith D. Lenger Title: President

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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

**ARTICLE I    NAME**

The name of the corporation shall be: Lenger Asset Management, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

7995 Mount Ranier Dr.  
Jacksonville, FL 32256

P.O. Box 550750  
Jacksonville, FL 32255-

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

All lawful business —  
Registered Investment Advisor —  
State of Florida

**ARTICLE IV    SHARES**

The number of shares of stock is: 100 shares

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Keith D. Lenger

Name and Title: Steven Hendrickson

Address: President  
7995 Mount Ranier Drive  
Jacksonville, FL 32256

Address: Secretary  
7995 Mount Ranier Drive  
Jacksonville, FL 32256

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI    REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Keith D. Lenger

Address: 7995 Mount Ranier Drive  
Jacksonville, FL 32256

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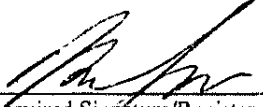
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Keith D. Lenger  
Address: 7995 Mount Ranier Drive  
Jacksonville, FL 32256

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

3/15/2014  
\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature/Incorporator

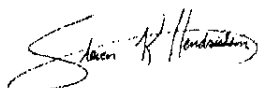
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\_\_\_\_\_  
Date

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To Whom it May Concern,

Please disregard the filing date in box 5 of the conversion document for Lenger Asset Management, Inc.

Thank you,

A handwritten signature in black ink, appearing to read "Steven R. Hendrickson". The signature is written in a cursive, flowing style.

Steven Hendrickson, 4/8/2014

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