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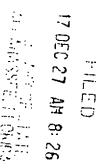
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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T. BURCH DEC 28 2017

COVER LETTER

то:	Charter Section Division of Co.					
SUBJ	ECT: Atria Invest	ments, Inc.				
., ., ., ., .,		Name of	Resulting Florid	la Profit	Corporation	
		e of Conversion, Article Profit Corporation" in ac			ees are submitted to convert an 15, F.S.	"Other Business
Please	return all corres _l	pondence concerning this	s matter to:			
James	Morris					
<u> </u>		Contact Person		_		
Ander	son Registered Age	ents				
		Firm/Company		_		
3225 1	McLeod Drive, Sui	te 100				
		Address	, , , , , , , , , , , , , , , , , , ,	_		
Las V	egas, Nevada 8912	1				
		City. State and Zip Code	2			
ra@ar	ndersonadvisors.com	n				
	E-mail address: (t	o be used for future annu	ial report notific	zation)		
For fu	rther information	concerning this matter,	please call:			
James	Morris		800 at (706-4	741	
	Name of Co	ontact Person	_ '	Code and	Daytime Telephone Number	
Enclo	sed is a check for	the following amount:				
5 \$10	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fili and Certified ©		☐\$122.50 Filing Fees. Certified Copy, and Certificate of Status	
New I Divisi	ET ADDRESS: Filings Section on of Corporation n Building	ns		New F Divisio	ING ADDRESS: ilings Section on of Corporations Box 6327	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Certificate of Conversion

For

"Other Business Entity"

Into

FILED

Florida Profit Corporation 7 DEC 27 AM 8: 26

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:
Atria Investments, Inc.
Enter Name of Other Business Entity
2. The "Other Business Entity" is a Corporation
(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
(Enter state, or if a non-U.S. entity, the name of the country)
on
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:
Florida
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> : Atria Investments, Inc.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to nor more than 90 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.

Signed this / day of Lecember	<u> </u>
Required Signature for Florida Profit Corporation	
Signature of Chairman, Vice Chairman, Director, Off Incorporator: Printed Name: Richard E. Mathis Title: President Printed Name: Richard	Ecer, or, if Directors or Officers have not been selected. an
Required Signature(s) on behalf of Other Business	s Entity: [See below for required signature(s).]
Signature:	
Printed Name: Richard E. Mathis	PresidentTitle:
Signature: Forma C Martin	
Printed Name: Con.v4 C. Mathis	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	v Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	
All others: Signature of an authorized person.	
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

Page 2 of 2

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

	ne
te name of the corporation shall be:	
RTICLE II PRINCIPAL OFFICE	
e principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
25 McLeod Drive, Suite 100	
as Vegas, Nevada 89121	
RTICLE III PURPOSE	
ne purpose for which the corporation is organized is:	
ny lawful business purpose.	
-	
	
DTICLE III CHADEC	
ne number of shares of stock is:	
RTICLE V INITIAL OFFICERS AND/OR D	······································
RTICLE V INITIAL OFFICERS AND/OR D Richard E. Mathis - Director, President,	Donna L. Mathis - Director, Vice-President, Name and Title: Treasurer
RTICLE V INITIAL OFFICERS AND/OR D Richard E. Mathis - Director, President, ame and Title: Secretary 3225 MeL cod Drive, Suite 100	Donna L. Mathis - Director, Vice-President, Name and Title: Treasurer 3225 McLood Drive, Suite 100
RTICLE V INITIAL OFFICERS AND/OR D Richard E. Mathis - Director, President, ame and Title: Secretary 3225 McLeod Drive, Suite 100	Name and Title: Donna L. Mathis - Director, Vice-President, Treasurer 3225 McLeod Drive, Suite 100
RTICLE V INITIAL OFFICERS AND/OR D Richard E. Mathis - Director, President, ame and Title: Secretary 3225 MeLeod Drive, Suite 100	Donna L. Mathis - Director, Vice-President, Name and Title: Treasurer 3225 McLeod Drive, Suite 100
RTICLE V INITIAL OFFICERS AND/OR D Richard E. Mathis - Director, President, ame and Title: Secretary 3225 McLeod Drive, Suite 100 Las Vegas, Nevada 89121	Name and Title: Donna L. Mathis - Director, Vice-President, Treasurer 3225 McLeod Drive, Suite 100 Las Vegas, Nevada 89121
RTICLE V INITIAL OFFICERS AND/OR D Richard E. Mathis - Director, President, ame and Title: Secretary 3225 McLeod Drive, Suite 100 Las Vegas, Nevada 89121	Name and Title: Donna L. Mathis - Director, Vice-President, Treasurer 3225 McLeod Drive, Suite 100 Las Vegas, Nevada 89121
RTICLE V INITIAL OFFICERS AND/OR D Richard E. Mathis - Director, President, ame and Title: Secretary 3225 McLeod Drive, Suite 100 Las Vegas, Nevada 89121 ume and Title:	Donna L. Mathis - Director, Vice-President, Name and Title: Treasurer 3225 McLeod Drive, Suite 100 Las Vegas, Nevada 89121 Name and Title:
RTICLE V INITIAL OFFICERS AND/OR D Richard E. Mathis - Director, President, ame and Title: 3225 McLeod Drive, Suite 100 Las Vegas, Nevada 89121 ume and Title:	Donna L. Mathis - Director, Vice-President, Treasurer Address: Las Vegas, Nevada 89121 Name and Title:
RTICLE V INITIAL OFFICERS AND/OR D Richard E. Mathis - Director, President, ame and Title: Secretary 3225 McLeod Drive, Suite 100 Las Vegas, Nevada 89121 ume and Title:	Donna L. Mathis - Director, Vice-President, Treasurer Address: Las Vegas, Nevada 89121 Name and Title: Address:
RTICLE V INITIAL OFFICERS AND/OR D Richard E. Mathis - Director, President, ame and Title: Secretary 3225 McLeod Drive, Suite 100 Las Vegas, Nevada 89121 ame and Title: ddress:	Donna L. Mathis - Director, Vice-President, Treasurer Address: Las Vegas, Nevada 89121 Name and Title: Address:
RTICLE V INITIAL OFFICERS AND/OR D Richard E. Mathis - Director, President, ame and Title: Secretary 3225 McLeod Drive, Suite 100 Las Vegas, Nevada 89121 ame and Title: ddress:	Donna L. Mathis - Director, Vice-President, Name and Title: Treasurer Address: Las Vegas, Nevada 89121 Name and Title: Address: Name and Title:

e <u>name</u>	and Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:			
ime:	Anderson Registered Agents, Inc.				
idress:	1000 North Washington Blvd.			17	
	Sarasota, Florida 20005 34236			DEC 2	<u>بت</u>
RTICL.				7 AM	
e <u>name</u>	and address of the Incorporator is:				<u> </u>
me:	James Morris			8: 26	
ldress:	3225 McLeod Drive, Suite 100				
	Las Vegas, Nevada 89121				
****** wing be is certifi	**************************************	s registered agent and agree to act	on at the j in this ca	place pacity	designated in
		12/14/2017 Date			
	Required Signature/Registered Agent	Date			
ubmit ti cument	his document and affirm that the facts stated herein a to the Department of State constitutes a third degree f	ire true. I am aware that any falso felony as provided for in s.817.155,	e informa F.S.	tion s	ubmitted in a
	5M	12/14/207	 -		
	Required Signature/Incorporator	Date			

RTICLE VI REGISTERED AGENT