

P18000000104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

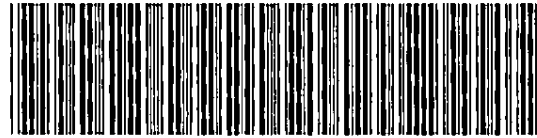
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Certified Copies _____

Certificates of Status _____

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17 DEC 29 PM 2:07
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

T. BURCH
JAN 2 2018

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Independent Compensation Advisors, Inc.

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:

Kevin M. Barry

Contact Person

Rossway Swan Tierney Barry Lacey & Oliver, P.L.

Firm/Company

101 Indian River Blvd., Suite 200

Address

Fort Pierce Beach, FL 32960

City, State and Zip Code

ky@rosswayswan.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin M. Barry

at (772) 231-4440

Name of Contact Person

Area Code and Daytime Telephone Number

I am enclosing a check for the following amount:

<input type="checkbox"/> \$0 Filing Fees	<input type="checkbox"/> \$113.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$113.75 Filing Fees and Certified Copy	<input checked="" type="checkbox"/> \$122.50 Filing Fees, Certified Copy, and Certificate of Status
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ADDRESS:

Charter Section
Division of Corporations
Building
1000 University Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings 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:

Independent Compensation Advisors, LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a limited liability company
(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 February 20, 2012

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**:

Independent Compensation Advisors, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: January 1, 2018

(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.

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

Signed this 28th day of December, 2017.

Required Signature for Florida Profit Corporation:

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

Printed Name: Kevin M. Barry Title: Attorney at Law

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

Signature: [Signature]

Printed Name: Paul McConnell, as President of McConnell Title: & Company, Inc., Member

Signature: [Signature]

Printed Name: Kevin M. Barry Title: Authorized Representative

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)

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: Independent Compensation Advisors, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address <u>8703 Bay Hill Blvd.</u> <u>Orlando, FL 32819</u> _____ _____	Mailing address, if different is: _____ _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful act or activity for which a corporation may be organized under the Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: One Thousand (1,000) shares of Common Stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Paul McConnell, President</u> Address: <u>8703 Bay Hill Blvd.</u> <u>Orlando, FL 32819</u> _____ Name and Title: <u>Ann Fosburgh, Vice President & Secretary</u> Address: <u>P.O. Box 347</u> <u>Mercer Island, WA 98040</u> _____ Name and Title: _____ Address: _____ _____	Name and Title: <u>Phillip Blount, Vice President & Treasurer</u> Address: <u>1745 North Brown, Suite 180</u> <u>Lawrenceville, GA 30043</u> _____ Name and Title: _____ Address: _____ _____
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ARTICLE VI REGISTERED AGENT

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

Name: Rossway Swan, ATTN: Kevin M. Barry
Address: 2101 Indian River Blvd., Suite 200
Vero Beach, FL 32960

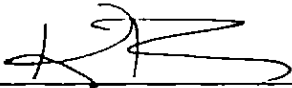
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Kevin M. Barry, Rossway Swan
Address: 2101 Indian River Blvd., Suite 200
Vero Beach, FL 32960

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CLERK OF CIRCUIT
JANESSA LORRER

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

12/28/17
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

12/28/17
Date