

P18000065699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

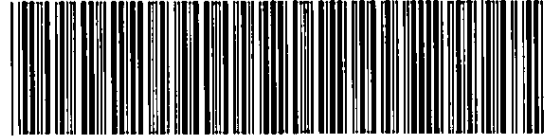
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T. SCOTT



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2018 JUL 30 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Lang Asset Management, 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:

Julie Kirkpatrick
Contact Person

Lang Asset Management, Inc.
Firm/Company

105 S Riverside Drive, Ste. 200
Address

Indianapolis, FL 32903
City, State and Zip Code

j.kirkpatrick@langasset.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Kirkpatrick at (321) 372-7888
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees ☐ \$113.75 Filing Fees ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of Status and Certified Copy Certified Copy, and
Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive 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:

Lang Asset Management, Inc.
Enter Name of Other Business Entity

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

on 7/17/1990
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**:

Lang Asset Management, Inc.
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 8/2/2018.
(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 27th day of July, 2018.

Required Signature for Florida Profit Corporation:

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

Incorporator: Julie L. Kirkpatrick

Printed Name: Julie L. Kirkpatrick Title: President

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

Signature: Julie L. Kirkpatrick

Printed Name: Julie L. Kirkpatrick 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) |

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: Lang Asset Management, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address
105 S. Riverside Drive
Suite 200
Indialantic, FL 32903

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Registered Investment Advisor

ARTICLE IV SHARES

The number of shares of stock is: 1488

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Lang, CEO Name and Title: _____

Address: 105 S. Riverside Dr., Ste. 200 Address: _____

Indialantic, FL 32903

Name and Title: Julie Kirkpatrick, President Name and Title: _____

Address: 105 S. Riverside Dr., Ste. 200 Address: _____

Indialantic, FL 32903

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF
STATE
TALLAHASSEE, FLORIDA

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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: Julie L. Kirkpatrick
Address: 105 S. Riverside Drive, Ste. 200
Indianapolis, FL 32903

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

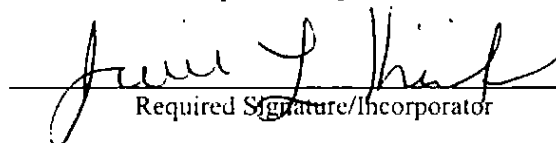
Name: Julie Kirkpatrick
Address: 105 S. Riverside Drive, Ste. 200
Indianapolis, FL 32903

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

7/27/18
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

7/27/18
Date