P23000080028

| (Req | questor's Name) | |
|---------------------------|------------------|-----------|
| (Add | lress) | |
| (Add | lress) | |
| (City | /State/Zip/Phone | · #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nam | ne) |
| | | |
| (Doc | ument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | iling Officer: | |
| | | |
| | Office Use Onl | v |



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11/08/23--01027--025 **105.00

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COVER LETTER

| TO: New Filing Section Division of Corporations | | | |
|---|---------------------------------------|---------------------------------------|--|
| ELEMENT PROPERTY ADVIS | ORS INC. | | |
| SUBJECT: | | | |
| Name of R | lesulting Florida I | Profit C | Corporation |
| The enclosed Articles of Conversion, Articles of entity into a "Florida Profit Corporation" in acco | Incorporation, and rdance with ss. 60 | d fees a 07.1193 | are submitted to convert the following eligible 3 & 607.0202, F.S. |
| Please return all correspondence concerning this | matter to: | | |
| John McE. Miller, Esq. | | | |
| Contact Person | | | |
| Rock Solid Law | | | |
| Firm/Company | | | |
| 220 Ponte Vedra Park Drive, Suite 280 | | | |
| Address | | | |
| Ponte Vedra Beach, FL 32082 | | | |
| City, State and Zip Code | | | |
| john@rocksolidlaw.com | | | |
| E-mail address: (to be used for future annu | al report notificati | ion) | |
| For further information concerning this matter, p John McE. Miller | | 241-1 | 113 |
| Name of Contact Person | | de and | Daytime Telephone Number |
| Enclosed is a check for the following amount: | | | |
| ■ \$105.00 Filing Fees □\$113.75 Filing Fees and Certificate of Status | ☐\$113.75 Filing and Certified Co | | □\$122.50 Filing Fees, Certified Copy, and Certificate of Status |
| Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |] | New F Division The Co 2415 N | Address: iling Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303 |

Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

| 1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is: ELEMENT PROPERTY ADVISORS LLC | |
|--|----|
| Enter Name of the Converting Entity Florida Limited Liability Company | |
| 2. The converting entity is a | |
| (Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.) Florida | |
| first organized, formed or incorporated under the laws of | |
| (Enter state, or if a non-U.S. entity, the name of the country) | |
| 08/01/2023 | |
| Enter date "Converting Entity" was first organized, formed or incorporated. 3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> ELEMENT PROPERTY ADVISORS INC. | |
| Enter Name of Florida Profit Corporation | |
| 4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction. | |
| 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 | ab |
| 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. | |
| | |

| | October | 23 | | |
|--------------------|---|--|--------------|---------------|
| Signed | thisday of | , 20 | | |
| Requir | ed Signature for Florida Profit Corporation | <u>:</u> | | |
| Signatu | ore of Director, Officer, or, if Directors or Officer | • | r: | |
| | Scott T. Failing CFO | | | |
| Printed | Name:Title: | _ | | |
| | red Signature(s) on behalf of Converting Flor nies: [See below for required signature(s).] | | | d liability |
| Signatu | sre: Scott T. Failing Name: | | | |
| D 1 . 1 | Scott T. Failing | Member and Manager | | |
| Printed | Name: | Title: | _ | |
| | ire: | | | |
| Printed | Name: | Title: | | |
| Signatu | ire: | | | |
| Printed | Name: | Title: | _ | |
| Signatu | ıre; | | <u> </u> | |
| Printed | Name: | Title: | _ | |
| Signatu | nre: | | _ | |
| Printed | Name: | Title: | | |
| Signati | are: | | _ | |
| Printed | Name: | Title: | | |
| | ida General Partnership or Limited Liability are of one General Partner. | Partnership: | | |
| | ida Limited Partnership or Limited Liability ires of <u>ALL</u> General Partners. | Limited Partnership: | | |
| | ida Limited Liability Company: are of a Member or Authorized Representative. | | É | 2023 Au |
| All oth Signati | ers: are of an authorized person. | | | 0 |
| Fees: | | | | . |
| | Articles of Conversion: | \$35.00 | _ | i10: 5 |
| | Fees for Florida Articles of Incorporation: | \$70.00 \$8.75 (Ontional) | | <u>0</u> |
| | Certified Copy: Certificate of Status: | \$8.75 (Optional) \$8.75 (Optional) | | |

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE I NAME ELEMENT PROPERTY ADVISORS INC. | | |
|--|-----------------------------------|--|
| The name of the corporation shall be: | | |
| ARTICLE II PRINCIPAL OFFICE | | |
| The principal place of business/mailing address is: | | |
| Deinvissel atmost address | Mailing addragg if different is: | |
| Principal street address 1015 MAYFAIR CREEK CT | Mailing address, if different is: | |
| JACKSONVILLE, FL 32218 | | |
| | | |
| | | |
| | | |
| ARTICLE III PURPOSE | | |
| The purpose for which the corporation is organized is: Any and all lawful business. | | |
| 741y dire di lawidi basilioss. | | |
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| | | |
| ARTICLE IV SHARES 1000 | | |
| The number of shares of stock is: | | |
| | | |
| ARTICLE V OFFICERS AND/OR DIRECTORS | | |
| Scott T. Failing, CEO Name and Title: | Name and Title: | |
| 1015 MAYFAIR CREEK CT | | |
| Address: | Address: | |
| JACKSONVILLE, FL 32218 | | |
| | | |
| Name and Title: | Name and Title: | |
| | , | |
| Address: | Address: | |
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| | , c | |
| Name and Title: | Name and Title: | |
| Address: | • | |
| Address: | 11 | |
| | <u></u> | |
| | | |
| | | |

| ARTICL. | E VI REGISTERED AGENT and Florida street address (P.O. Box NO | f acceptable) of the registered agent is: |
|--------------|--|---|
| | Scott T. Failing | , |
| Name: | . | |
| | 1015 MAYFAIR CREEK CT | |
| Address: | | |
| | JACKSONVILLE, FL 32218 | |
| | | |
| | | |
| | | |
| | | |
| ******* | ************* | *************************************** |
| | | vice of process for the above stated corporation at the place designated in |
| this certifi | icate, I am Jamiliar with and accept the app | ointment as registered agent and agree to act in this capacity |
| | NIH - 1.0 | 10/70/2027 |
| ラ | Pull Taxy | 10/20/2025 |
| | Required Signature/Registered Agent | Date |
| , | | |
| | , | |