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| (Requestor's Name)                      |
| . (Address)                             |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Business Linky Name)                   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer  |
| <u> </u>                                |
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| . ==                                    |
|   |
| Office Use Only                         |



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ALLAHASSEF L. L.

THOTIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 567229 8458731

AUTHORIZATION : C

COST LIMIT : \$ 185'.0

ORDER DATE : July 30, 2024

ORDER TIME : 11:14 AM

ORDER NO. : 567229-010

CUSTOMER NO: 8458731

#### DOMESTIC AMENDMENT FILING

NAME: FIRST CIRCLE GC LLC

EFFECTIVE DATE:

XX RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX\_\_\_\_ CERTIFIED COPY

\_\_ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt -- EXT#

## **COVER LETTER**

| TO:                                  | New Filing S<br>Division of C  |  |                    |                       |   |
|--------------------------------------|--|--|--------------------|-----------------------|---|
| CHD:                                 | JECT: First Circ   | de GC PLLC   |                    |                       |   |
| SODA                                 | JF.X. 1 :  | (Name of Re  | sulting Florida L  | imited Co             | mpany)  |
|                                      |  |  | _                  |                       | nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.                                  |
| Please                               | e return all corre   | espondence concernin   | g this matter t    | 0:                    |   |
| Andre                                | ew Morris  |  |                    |                       |   |
|                                      |  | (Contact Person)   |                    |                       |   |
| First (                              | Circle GC PLLC   |  |                    |                       |   |
|                                      |  | (Firm Company)   |                    |                       |   |
| 9593                                 | Vescovato Way  |  |                    |                       |   |
|                                      |  | (Address)  |                    |                       |   |
| Boca                                 | Raton, FL 33496  | <b>.</b>   |                    |                       |   |
|                                      |  | Tity, State and Zip Code)  |                    |                       |   |
| drew(                                | @firstcirclegc.con   | - '  |                    |                       |   |
|                                      | <u> </u>   | e used for future annual re  | port notification: | <u></u>               |   |
|                                      |  | on concerning this ma  | -                  |                       |   |
| Andre                                | w Morris   |  | at (_650           | , 847                 | -0070   |
|                                      | (Name of Conta   | ct Person)   | au (<br>(Area Co   | /                     | ytime Felephone Number)   |
| dollar<br>S15<br>(\$25 fo<br>& \$125 |  | or the following amout a bank located in the S155.00 Filing Fees and Certificate of Status | int: (All check    | s proces<br>ing Fees  | S185.00 Filing Fees. Certified Copy, and Certificate of Status  |
| 5                                    | Mailing Addr<br>New Filing So<br>Division of C<br>P.O. Box 632<br>Tallahassee, I | ection<br>orporations<br>7   |                    | New<br>Divis<br>The G | et Address:<br>Filing Section<br>sion of Corporations<br>Centre of Tallahassee<br>N. Monroe Street, Suite 840 |

Tallahassee, FL 32303

# Articles of Conversion For "Other Business Entity" Into

# Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045. Florida Statutes.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  First Circle GC LLC  |
|--|
| (Enter Name of Other Business Entity)  |
| The "Other Business Entity" is a limited liability company  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.                       |
| (Enter entity type. Example: corporation, 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)  |
| May 20, 2024<br>on   |
| (date of organization, formation or incorporation)   |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  |
| First Circle GC PLLC   |
| (Enter Name of Florida Limited Liability Company)  |
| 4. If not effective on the date of filing, enter the effective date:   |
| (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar 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. |
| 5. The plan of conversion has been approved in accordance with all applicable statutes.  |
| 6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.           |

|  | of Limited Liability Company:  Drew Morris  |
|--|---|
| Signature of Authorized Representative: _<br>Printed Name: Andrew Morris   | Title: Authorized Representative  |
| Printed (Name: Andrew Mons   | Title: Admonzed Nepresentative  |
| Signature(s) on behalf of Other Business F   |   |
| Signature:   | Drew Morris   |
| Printed Name: Andrew Morris  | Title: Authorized Representative  |
|  |   |
| Signature:   | Talla   |
| Printed Name:  | Title:  |
| Signature:   |   |
| Signature:Printed Name:  | Title:  |
|  |   |
| Signature:   | Tid   |
| Printed Name:  | i iue:  |
| Signature:   |   |
| Signature:Printed Name:  | Title:  |
|  |   |
|  |   |
| Signature:   | Tida  |
| Signature:Printed Name:  | Title:  |
| Signature: Printed Name:  If Florida Corporation:  | Title:  |
| Printed Name:  | Title:<br>ector, or Officer.  |
| Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Dire  | Title:<br>ector, or Officer.  |
| Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Dire If Directors or Officers have not been selected  | Title:  |
| Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Dire If Directors or Officers have not been selecte  If Florida General Partnership or Limited  | Title:  |
| Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Dire If Directors or Officers have not been selecte If Florida General Partnership or Limited   | Title:  |
| Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Dire If Directors or Officers have not been selecte  If Florida General Partnership or Limited Signature of one General Partner.  | Title:  |
| Signature: Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Dire If Directors or Officers have not been selected.  If Florida General Partnership or Limited Signature of one General Partner.  If Florida Limited Partnership or Limited Signatures of ALL General Partners.  | Title:  |
| Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Dire If Directors or Officers have not been selected If Florida General Partnership or Limited Signature of one General Partner.  If Florida Limited Partnership or Limited Signatures of ALL General Partners.   | Title:  |
| Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Dire If Directors or Officers have not been selected If Florida General Partnership or Limited Signature of one General Partner.  If Florida Limited Partnership or Limited Signatures of ALL General Partners.  All others:  | Title:  |
| Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Dire If Directors or Officers have not been selecte If Florida General Partnership or Limited Signature of one General Partner.  If Florida Limited Partnership or Limited Signatures of ALL General Partners.  All others:   | Title:  |
| Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Dire If Directors or Officers have not been selected If Florida General Partnership or Limited Signature of one General Partner.  If Florida Limited Partnership or Limited Signatures of ALL General Partners.  All others: Signature of an authorized person.                                   | Title:  |
| Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Dure If Directors or Officers have not been selected If Florida General Partnership or Limited Signature of one General Partner.  If Florida Limited Partnership or Limited Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:                            | Title:  |
| Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Dire If Directors or Officers have not been selected.  If Florida General Partnership or Limited Signature of one General Partner.  If Florida Limited Partnership or Limited Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:  Articles of Conversion: | Title:retor, or Officer. retor, or Officer. ret. an Incorporator must sign.  Liability Partnership: Liability Limited Partnership:  \$25.00 |
| Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Dure If Directors or Officers have not been selected.  If Florida General Partnership or Limited Signature of one General Partner.  If Florida Limited Partnership or Limited Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:                          | Title:retor, or Officer. retor, or Officer. ret. an Incorporator must sign.  Liability Partnership: Liability Limited Partnership:  \$25.00 |

9593 Vescovato Way

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is:   |   |  |  |  |
|---|---|--|--|--|
| First Circle GC PLLC  |   |  |  |  |
| (Must contain the words "I imited !                               | Liability Company, "I-4.C.," or "LLC")                    |  |  |  |
| ARTICLE II - Address: The mailing address and street address of a | the principal office of the Limited Liability Company is: |  |  |  |
| Principal Office Address:   | Mailing Address:  |  |  |  |

9593 Vescovato Way Boca Raton, FL 33496 Boca Raton, FL 33496

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Uiability Company cannot serve as its own Registered Agent. You must designate an individual or another busines; entity with an active Florida registration.)

The name and the Florida street address of the registered agent are: Commente Continue Commen

| Corporation Service Company |                              |
|-----------------------------|------------------------------|
| Name                        | e                            |
| 1201 Hays Street            |                              |
|                             |                              |
| Florida street address (P.O | . Box <u>NOT</u> acceptable) |
| Tallahassee                 | FL <sup>32301</sup>          |
| City                        | Zip                          |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Shauna Godbolt
Registered Agent's Signature (REQUIRED)

(CONTINUED)

| ARTICLE IV-  |                   |
|--|-------------------|
| The name and address of each person authorized to manage and control the | Limited Liability |
| Company:   |                   |
|  |                   |

| <u>Title:</u>                    | Name and Address:                                  |
|----------------------------------|--|
| "AMBR" = Authorized Member       |  |
| "MGR" = Manager                  |  |
| MGR                              | Andrew Morris                                      |
|                                  | 9593 Vescovato Way                                 |
|                                  | Boca Raton, FL 33496                               |
| AMBR                             | Andrew Morris                                      |
| · <del>- ·</del> · · · ·         | 9593 Vescovato Way                                 |
|                                  | Boca Raton, FL 33496                               |
|                                  |  |
|                                  |  |
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| <del></del>                      |  |
|                                  |  |
|                                  |  |
| (Use attachment if necessary)    |  |
| •                                |  |
|                                  |  |
| CLE V: Other provisions, if any. |  |
|                                  | Flonda professional limited liability company are: |
| ervices                          |  |

# REQUIRED SIGNATURE: Docusigned by:

Drew Mornis

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, 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.

| And | rew | Morri | s |
|-----|-----|-------|---|
|     |     |       |   |

Typed or printed name of signee

#### Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)

567229