250000 5864

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<i>i</i>		

Office Use Only



800443263558

2025 JAN 24 ANTI: 27

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 913723 7175508:

AUTHORIZATION :

COST LIMIT : \$ 122.50

ORDER DATE : January 22, 2025

ORDER TIME : 8:46 AM

ORDER NO. : 913723-005

CUSTOMER NO: 7175508

DOMESTIC AMENDMENT FILING

NAME: BB INSURANCE MARKETING, LLC

EFFECTIVE DATE:

_____ ARTICLES OF AMENDMENT 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: Amanda Miller -- EXT#

EXAMINER'S INITIALS:

COVER LETTER

Division of Co							
SUBJECT:	BB INS	JRANCE MARK	ETING,	INC.			
Name of Resulting Florida Profit Corporation					_		
	of Conversion, Articles or rofit Corporation" in acc			are submitted to convert 233 & 607.0202, F.S.			le
Please return all corres	pondence concerning thi	s matter to:					1
	HEIDI KIGHT					± ₹ ₹	
	Contact Person						ĵ.
LE\	/ENFELD PEARLSTEIN	, LLC				জু	:=:
	Firm/Company		_		• •	~1	
120 S.	RIVERSIDE PLAZA, SU	ITE 1800					
	Address		_				
(CHICAGO, ILLINOIS 606	806					
	City, State and Zip Cod	e	_				
н	(IGHT@LPLEGAL.COM						
E-mail address: (to be used for future annu	ual report notific	ation)				
For further information	concerning this matter.	please call:					
HEIDI	KIGHT	at (312	476-	-7515			
Name of C	ontact Person	Area (Code and	l Daytime Telephone Nur	nber		
Enclosed is a check for	the following amount:						
□ \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fili and Certified C		■\$122.50 Filing Fees, Certified Copy, and Certificate of Status			
Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New I Divisi The C 2415 Y	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite bassee, FL 32303	810		

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: BB INSURANCE MARKETING, LLC Enter Name of the Converting Entity 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.) first organized, formed or incorporated under the laws of ____ (Enter state, or if a non-U.S. entity, the name of the country) January 9, 1997 Enter date "Converting Entity" was first organized, formed or incorporated. 3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: BB INSURANCE MARKETING, 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

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	thisday of	JANUARY	, 20 ²⁵			
	ed Signature for Florida Profit Co					
[Dail!			s have not been selected, an Incorporator:			
	DAVID TUIT Name:Tit					
Requir	ed Signature(s) on behalf of Conve	rting Florid	a partnerships, limited partnerships, ar	nd limite	d liggili	ty
compa	nies: 10 pochsigned by:	ire(s).]		•	-23 (=:	
Signatu	ITE:		SECRETARY OF THE MANAGER	•	JEN 24	
Printed	Name: DAVID TUIT		Title: SECRETARY OF THE MANAGER	₹ <i>0</i> 5		f
					<u>- 1</u>	i
			Title:		47	
Signati	ire:					
Printed	Name:		Title:			
Signatu	ire:					
Printed	Name:					
Signati	ire:					
Printed	Name:		Title:			
Signati	ire:		·			
Printed	Name:		Title:			
	ida General Partnership or Limited are of one General Partner.	l <u>Liability P</u>	artnership:			
<u>If Flor</u> Signati	ida Limited Partnership or Limited ares of <u>ALL</u> General Partners.	l Liability L	imited Partnership:			
	ida Limited Liability Company: ire of a Member or Authorized Repre	sentative.				
All oth Signate	ers: ire of an authorized person.					
Fees:	Articles of Conversion: Fees for Florida Articles of Incorpor Certified Copy: Certificate of Status:	ration:	\$35.00 \$70.00 \$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)

The name of the	NAME corporation shall be:	BB INSURANCE MARK	ETING, INC.		_
ARTICLE II	PRINCIPAL OFFICE				
	ace of business/mailing address is:				2025
Principal street address 305 W. Front Street, Suite 201		305 W.	Mailing address, if different is: V. Front Street, Suite 201		2025 JAN 2
Traverse City,	MI 49684	Travers	e City, MI 49684	; ₁ , .	.!
				·	ö <u>∓</u>
	r which the corporation is organized				47
The transaction	n of any or all lawful businesses for v	which corporations may b	e incorporated unde	r Florida law. —	
					
			<u> </u>		
ARTICLE IV	SHARES 1,000				
ARTICLE V		TORS			•
Name and Title	Scott Wick CEO & Director	Name and Title	Jason Brown, Pres	sident	
Address:	305 W. Front Street, Suite 201	Address:	10167 W. SUNRISE BLVD., 3RD FLO		
	Traverse City, MI 49684		PLANTATION, FL 3	3322	
Name and Title	David Tuit, CDO & Secretary	Name and Title	Avery Zuck, CFO	& Treasurer	
Address:	305 W. Front Street, Suite 201	Address:	305 W. Front Street, Suite 201		
	Traverse City, MI 49684		Traverse City, MI 49	684	
Name and Title		Name and Title	:		
Address:					
		_			

ARTICL.	E VI REGISTERED AGENT and Florida street address (P.O. Box NOT accepted)	able) of the registered agent is:		
Name:	Corporation Service Company			
Address:	1201 Hayes Street			
	Tallahassee, FL 32301			
			2025	
******	*******	*******		- <u>i</u> j
Having be this certifi	een named as registered agent to accept service of picate, I am familiar with and accept the appointment	rocess for the above stated corporation of t as registered agent and agree to act in t	it the place?design his capacity	nated in
	An	01/24/2025		7
	Required Signature/Registered Agent	Date	-1	