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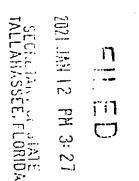
COVER LETTER

Division of Co	orporations			
SUBJECT: InvestSha	ares Advisor Group LLC	:		
Sobsticate.	(Name of Res	ulting Florida Lii	nited Cor	npany)
				d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to);	
Michael Joseph Goggir	าร			
	(Contact Person)			
InvestShares				
	(Firm/Company)			
Suite 1550, Brickell Ave	e			
	(Address)			
Miami FL 33131				
(C	City, State and Zip Code)		_	
E-mail Address: (to be	e used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please cal	1:	
Michael J. Goggins		_at (350-	2100
(Name of Contact	et Person)	(Area Coo	de) (Day	time Telephone Number)
Enclosed is a check for dollars and drawn on				sed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fili and Certified C		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addr New Filing Sc	ection		New	t Address: Filing Section
Division of Co P.O. Box 632	•			ion of Corporations
Tallahassee, F				Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: New Filing Section

Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company



The Articles of Conversion and attached Articles of Organization 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: InvestShares Advisor Group Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation P21 - 1988 (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-O.S. entity, the name of the country) 4/22/2013 (date of organization, formation or incorporation)
(date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
InvestShares Advisor Group LLC
(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.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

5. The plan of conversion has been approved in accordance with all applicable statutes.

which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.

Signed the	day of December	20
Signature	e of Authorized Representative of Lin	nited Liability Company:
	of Authorized Representative: My ime: Michael J Goggins	
Signature	of Authorized Representative:	7. 2 7
Printed Na	ime: Michael J Goggins	Title: President
Signature	(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	me: Michael J. Goggins	
Printed Na	me: Michael J. Goggins	Title: President
Signature:		
Printed Na	ume:	Title:
Printed Na	me:	Title:
Trimed in		
Signature:		
Printed Na	ime:	Title:
Signature:		
Printed Na	ime:	Title:
C:		
Drinted Me		Title:
rinica iva	ine	Title
<u>If Florida</u>	Corporation:	
Signature	of Chairman, Vice Chairman, Director, or	Officer.
If Director	s or Officers have not been selected, an Ir	ncorporator must sign.
<u>If Florida</u>	General Partnership or Limited Liabil	lity Partnership:
Signature	of one General Partner.	
If Florida	Limited Partnership or Limited Liabil	ity Limited Partnership:
	of ALL General Partners.	
Allothers		
	± of an authorized person.	
_	·	
Fees:		
Ar	ticles of Conversion:	\$25.00
Fe	es for Florida Articles of Organization:	\$125.00
	ertified Copy:	\$30.00 (Optional)
Ce	rtificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ited Liability Company i	S:	
Group LLC		
contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
	principal office of the Limited Liability Con	many is:
and street address of the	principal office of the Elithica Elability Con	ipany is.
dress:	Mailing Address:	
	Suite 1550	
	701 Brickel Ave	
	Miami FL 33131	
ipany cannot serve as its own Reg		
orida street address of the	registered agent are:	
Michael J. Goggins	<u>.</u>	
Nar	ne	
.200 Brickell Bay Drive, Apt	. 2101	
Florida street address (P.	O. Box <u>NOT</u> acceptable)	
1iam i	FL 33131	
City	Zip	
ny at the place designated add agree to act in this cape to the proper and complete	in this certificate. I hereby accept the appoint ucity. I further agree to comply with the prov e p erfo rmance of my duties, and I am familian	tment as isions of all with and
	Group LLC contain the words "Limited Liabi ress: and street address of the dress: gistered Agent, Registered agent and street address of the dress: Orida street address of the Michael J. Goggins Nar L200 Brickell Bay Drive, Apt Florida street address (P. Miami City Red as registered agent and agree to act in this cape to the proper and complete to the proper and co	Group LLC contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ress: and street address of the principal office of the Limited Liability Conductor dress: Mailing Address: Suite 1550 701 Brickel Ave Miami FL 33131 gistered Agent, Registered Office, & Registered Agent's Signature (pany cannot serve as its own Registered Agent. You must designate an individual or anothe ive Florida registration.) orida street address of the registered agent are: Michael J. Goggins Name 1200 Brickell Bay Drive, Apt. 2101 Florida street address (P.O. Box NOT acceptable) Miami FL 33131

(CONTINUED)

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А	ĸ		١.,	 г. :	V -

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Michael J. Goggins
	Suite 1550
	701 Brickell Ave, Miami FL 33131
	于 ·
	155 155 155
	— — — — — — — — — — — — — — — — — — —
(Use attachment if necessary)	PH 3: 27 E FLORIDA
CLE V: Other provisions, if any.	
REQUIRED SIGNAPURE:	
1/11/2 / E >	
Signature of a member of	r an authorized representative of a member
This document is executed in accordance	ce with section 605.0203 (1) (b), Florida Statutes. I am aware that
any false information submitted in a doc as provided for in s.817.155, F.S.	cument to the Department of State constitutes a third degree felong
Michael Joseph Goggins	
1	yped or printed name of signee
	-244

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)