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(Re	questor's Name)	<del></del>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate:	s of Status
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# **COVER LETTER**

TO:	New Filing S Division of C				
SUB.	IECT: JEX Cap	oital Management, LLC			
000			sulting Florida Limi	ted Con	npany)
			~		d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
Josep	oh Jacoway				
		(Contact Person)		_	
	<del></del>	(Firm/Company)		_	
1880	Eastwest Pkwy #	#8385		_	
		(Address)			
Flemi	ng Island, FL 320	006			
	(	City, State and Zip Code)		_	
Josep	hJacoway@jfxc	apitalmanagement.com			
E-1	mail Address: (to b	e used for future annual re	port notifications)	_	
For fi	ırther informati	on concerning this ma	tter, please call:		
Josep	oh Jacoway		at ( 239	365-7	7999
	(Name of Conta	act Person)		) (Day	time Telephone Number)
		for the following amou a bank located in the		orocess	sed by this office must be payable in US
/(\$25 fo & \$12.	50.00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee,	ection Corporations 27		New I Divisi The C	E Address: Filing Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

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:  JFX Capital Management Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
11/17/2021
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:  JFX Capital Management, 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.
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.
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Signed this 10th day of August	_ 20 <u>_ 0 J</u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:	
Signature:	Title: CEO, President
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	Limited Liability Compan	y is:
JFX Capital Man	agement, LLC	
	(Must contain the words "Limited L	ability Company, "L.L.C.," or "LLC.")
ARTICLE II -	Address:	
The mailing add	lress and street address of the	ne principal office of the Limited Liability Company is
Principal Offic	e Address:	Mailing Address:
1880 Eastwest P	kwv #8385	1880 Eastwest Pkwy #8385
	itity ii oooo	
Fleming Island, F  ARTICLE III (The Limited Liability)	- Registered Agent, Regist	Fleming Island, FL 32006  ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
ARTICLE III - (The Limited Liability business entity with	- Registered Agent, Regist	Fleming Island, FL 32006  ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
ARTICLE III - (The Limited Liability business entity with	- Registered Agent, Registry Company cannot serve as its own an active Florida registration.)  he Florida street address of Joseph Jacoway	Fleming Island, FL 32006  ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
ARTICLE III - (The Limited Liability business entity with	- Registered Agent, Registry Company cannot serve as its own an active Florida registration.)  he Florida street address of Joseph Jacoway	Fleming Island, FL 32006  ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
ARTICLE III - (The Limited Liability business entity with	- Registered Agent, Registry Company cannot serve as its own an active Florida registration.)  he Florida street address of Joseph Jacoway	Fleming Island, FL 32006  ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
ARTICLE III - (The Limited Liability business entity with	- Registered Agent, Registry Company cannot serve as its own an active Florida registration.)  the Florida street address of Joseph Jacoway	Fleming Island, FL 32006  ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
ARTICLE III - (The Limited Liability business entity with	- Registered Agent, Registry Company cannot serve as its own an active Florida registration.)  the Florida street address of Joseph Jacoway	Fleming Island, FL 32006  ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
ARTICLE III - (The Limited Liability business entity with	- Registered Agent, Registry Company cannot serve as its own an active Florida registration.)  The Florida street address of Joseph Jacoway  1880 Eastwest Pkwy #83  Florida street address	Fleming Island, FL 32006  ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:  Vame  185  (P.O. Box NOT acceptable)

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, I hereby 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

### ARTICLE IV-

• • •

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 MGR	Joseph Jacoway
<u>INIGH</u>	1880 Eastwest Pkwy #8385
	Fleming Island, FL 32006
	Tierring island, i E SESSO
	· 20
	2
	retigie No.
	7 PA
(Use attachment if necessary)	m —
CLE V: Other provisions, if any.	
<del>-</del>	
REQUIRED SIGNATURE:	
<del></del>	<del>/</del>
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 to the Department of State constitutes a third degree fellows.
Joseph Jacoway	
Ту	ped 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)