

ID Number: 001677509



DEC 31 2019
BY Ch ZDS9C
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RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

g. This conversion has been approved in the manner provided for by the document, instrument, agreement or other writing, as the case may be, governing the internal affairs of the entity and the conduct of its business or by applicable law, as appropriate, and the ☐ partnership agreement or ☒ limited liability company agreement or ☐ articles of incorporation (**check one box only**) shall be approved by the same authorization required to approve the conversion.

h. The future date or time certain of the conversion to a ☐ limited partnership or ☒ limited liability company or ☐ business corporation or ☐ limited liability partnership (**check one box only**) is to become effective, if later than the date of filing of the certificate of conversion and the ☐ certificate of limited partnership or ☒ articles of organization of a limited liability company or ☐ articles of incorporation or ☐ application for registered limited liability partnership (**check one box only**) is:

January 1, 2020

SECTION II: TO BE COMPLETE BY ALL CONVERTING ENTITIES

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Conversion, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth in Section 1A.

Date: _____

Print Name of Other Entity

OR

Print Name of Partnership

By: _____
Signature of Authorized Person

By: _____
Signature of Partner

By: _____
Signature of Authorized Person

By: _____
Signature of Partner

By: _____
Signature of Partner

Print Name of Corporation

OR

Print Name of Sole Proprietorship

By: _____
Signature of Authorized Person

By: _____
Signature of Sole Proprietor

By: _____
Signature of Authorized Person

OR

Enrollment Advisory Group, LLC

Print Name of Limited Liability Company

By: [Signature]
Signature of Authorized Person

By: [Signature]
Signature of Authorized Person