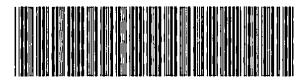
A23000000042

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
tified Copies Certificates of Status			
pecial Instructions to Filing Officer:			
,			

Office Use Only



700399783367

FILED

JAN 25 2023

K. Brumble

COVER LETTER

TO:	Registration Section Division of Corporations		
CHDI	ECT: HTG Oasis, Ltd.		
SODI	Name of Resulting Florida Limited Part	tnership or Limited Liability	Limited Partnership
submi Limite	nclosed Certificate of Conversion, Certifi itted to convert an "Other Organization" i ed Liability Limited Partnership in accord c return all correspondence concerning the	nto a Florida Limited P lance with s. 620.2104,	artnership or
ricase	t return an correspondence concerning an	it matter to.	
Glenda	a Brown		
	Contact Person		
Housii	ng Trust Group, LLC		
	Firm/Company		
3225 4	Aviation Avenue, 6th Floor		
	Address		
Cocon	aut Grove, FL 33133		
	City, State and Zip Code		
glenda	ab@htgf.com		
E	-mail address: (to be used for future annual report	notification)	
For fu	orther information concerning this matter,	please call:	
Glenda	a Brown	at (786) 347-4542	
	Name of Contact Person	Area Code and Daytime T	elephone Number
Enclo	sed is a check for the following amount:		
Fees,	,052.50 Filing Fees S1,061.25 Filing Fees and Certificate of Status	S1,105.00 Filing Fees and Certified Copy	S1,113.75 Filing Certified Copy, and Certificate of Status
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporathe Centre of Tall	rations

2415 N. Monroe Street, Suite 810

Taliahassee, FL 32303

Tallahassee, FL 32314

Certificate of Conversion

For

"Other Business Organization"

Into

Florida Limited Partnership or Limited Liability Limited Partnership

This Certificate of Conversion and attached Certificate of Limited Partnership are submitted to convert the following "Other Business Entity" into a Florida Limited Partnership or Limited Liability Limited Partnership in accordance with s.620.2104, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Certificate of Conversion is:	nis
HTG Oasis, LLC	
(Enter Name of Other Business Entity)	·•
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited liability company, proprietorship, general partnership, common law or business trust, e	
first organized, formed or incorporated under the laws of Florida	
(Enter state, or if a non-U.S. entity, the name of the country)	:
08/05/2021 on .	(
as set forth in the attached Certificate of Limited Partnership: HTG Oasis, Ltd.	
(Enter Name of Florida Limited Partnership or Limited Liability Limited Partnership)	
4. The conversion was approved as required by Chapter 620, F.S., and was approuch a manner that complied with the converting organization's governing law.	roved in
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 dat document is filed by the Florida Department of State.)	e this
6. The conversion is permitted by the applicable law(s) governing the other business entity and the other business entity complies with such law(s) in effecting the complication.	
7. The "Other Business Entity" currently exists on the official records of the juri	isdiction

under which it is currently organized, formed or incorporated.

• .	•					
Signe	d this <u>12</u>	day of December	·	20_22		
Partn that th	ership/Limite e facts stated i	General Partner Listed in d Liability Limited Partner this document are true. A vided for in s.817.155, F.S.	<mark>ership:</mark> Indivi ny false infort	dual(s) signing aff	firm(s)	
Signat		Turst		<u>_</u>		
Printed	d Name: Allen F	urst	Title: <u>Di</u>	rector		
Signat Printed	ure: i Name:		Title:			
Signat Printed	ure:		Title:			
Signat	urc:					
Printed	l Name:		Title:		·	
Signat Printed	ure: d Name:		Title:			
Signat	ure:					
Printed	l Name:	<u> </u>	Title:			
that th degree Signate	e facts stated i	(s) on behalf of Other Busin this document are true. A vided for in s.817.155, F.S.	any false infor [See below for	mation constitutes r required signature	s a third e(s).]	
Printed	Name: Matthey	» Kieger	Title: Ma	nager		
Signati	rida Corporati ure of Chairma ctors or Office	on: n, Vice Chairman, Director, rs have not been selected, an	or Officer. Incorporator n	nust sign.		
	ida General P ure of one Gene	<mark>artnership or Limited Lial</mark> eral Partner.	oility Partners	<u>hip:</u>		2023
		iability Company: er or Authorized Representat	ive.		CALL CONTRACTOR	
All ot l Signati	ners: are of an author	rized person.			AM 0:	
Fees:	(\$965 Certified Copy	da Certificate of Limited Par Filing Fee and \$35 Filing Fe y:	ee) S	52.50 ,000.00 52.50 (Optional)	26	
	Certificate of	Status:	\$	8.75 (Optional)		

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

1
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
2. 3225 Aviation Avenue, 6th Floor
Street address of initial designated office
Coconut Grove, FL 33133
3. Matthew Rieger
Name of Registered Agent for Service of Process
4. 3225 Aviation Avenue, 6th Floor
Florida street address for Registered Agent
Coconut Grove, FL 33133
5. 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 relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.
Signature of Registered Agent
6, 3225 Aviation Avenue, 6th Floor, Coconut Grove, FL 33133
Mailing address of initial designated office
7. If limited partnership elects to be a limited liability limited partnership, check box \(\sigma\).

Page 1 of 2



8. Name and business address of each Name:	general partner: Business Addre	<u>ss:</u>
ume: M Affordable Housing, Inc.	3109 GRAND AV	'E PMB 447
Doc. # N08000011474	Coconut Grove, F.	L 33133
		-
	<u></u>	
	 	Managem 1, 11 - 1
Signed this day of	December	2022
Signature of each general partner: Indi this document are true. Any false infor provided for in s.817.155, F.S.		
Allen Furst	Alla	Just
		V

Page 2 of 2

2023 JAN -3 AM 8: 26

ANO