L08000025817

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP, WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

MAR 1 2 2008

EXAMINER

COVER LETTER

TO:	Registration Division of	Section Corporations				. 7
SUBJ	ECT: Gran	d Bohemian SP	Residential	, LLC		
		(Name of Resultir	g Florida Limited	Company	у)	
conve		icate of Conversion, A Business Entity" into a 508.439, F.S.			=	
Please	return all cor	тespondence concerni	ng this matter to) :		
Lind	a Martin, F	Paralegal (Contact Person)				
Foltz	z Martin, L	,				
		(Firm/Company)				
<u>Five</u>	Piedmont	Center, Suite 75	50 <u> </u>			
	- "	(Address)				
<u>Atlar</u>	ita, GA 30	305				
	1	(City, State and Zip Code)				
For fu	rther informat	ion concerning this m	atter, please call	[:		
Linda	a Martin		_at (_404) 23	1-9397	
_	(Name of Con	act Person)	(Area Co	de and D	aytime Telephone N	iumber)
Enclos	sed is a check	for the following amo	unt:			
(\$25 for & \$125	00 Filing Fees Conversion for Articles nization)	\$155.00 Filing Fees and Certificate of Status	\$180,00 Filing and Certified C		\$185.00 Filing Certified Copy, a Certificate of Stat	nd
Registr Division Clifton 2661 E	ET ADDRES ration Section on of Corpora Building Executive Cen assee, FL 323	tions ter Circle	Regis Divis P. O.	stration ion of 0 Box 63	ADDRESS: Section Corporations 527 FL 32314	

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate 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.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this
Certificate of Conversion is: Grand Bohemian SP Residential, Ltd.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited partnership (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
on April 8, 2005
(Enter date "Other Business Entity" was first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Grand Bohemian SP Residential, LLC
(Enter Name of Florida Limited Lighility Company)

Page 1 of 2

5. If not effective on the date of filing, enter the en (The effective date: 1) cannot be prior to nor m document is filed by the Florida Department of effective date listed in the attached Articles of C listed therein.)	ore than 90 days after the date this State; <u>AND</u> 2) must be the same as the
Signed this 6th day of March	
Signature of Authorized Person: Katherine	F. Pape
Printed Name: Katherine F. Pope Title	authorized representative
Fees:	
Certificate of Conversion:	\$25.00 \$135.00
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Grand Bohemian SP Resident	ential, LLC
(Must end with the words "Limited Liability Com"LLC.")	pany," the abbreviation "L.L.C.," or the designation
ARTICLE II - Address:	
The mailing address and street addres	s of the principal office of the Limited
Liability Company is:	
Principal Office Address:	Mailing Address:
c/o The Kessier Enterprise, Inc.	<u> </u>
4901 Vineland Road, Suite 650	

The name and the Florida street address of the registered agent are:

business entity with an active Florida registration.)

CT Corporation System

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation, FL 33324

City, State, and Zip

SECRETARY OF STATE DIVISION OF CORPORATION

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 608, F.S.,

Ternell Kearnev Asst. Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	Richard C. Kessler
·	4901 Vineland Road, Suite 650
	Orlando, FL 32811
	
	(Use attachment if necessary)
F.V. Effective data if ather 4	con the data of films.
NAL)	nan the date of filing:

REQUIRED SIGNATURE:

Katherine F. Pope
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Katherine F. Pope, authorized representative

Typed 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)

DIVISION OF CORPORATIONS

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