

L13 000101149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

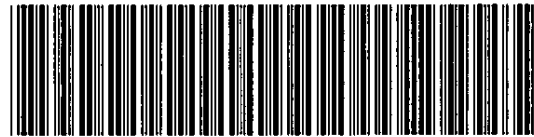
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/17/13--01001--013 **25.00

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13 JUL 16 PM 4:36
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Wolters Kluwer
Corporate Legal Services

CT Corporation

515 East Park Avenue
Tallahassee, FL 32301

850 222 1092 tel
850 222 7615 fax
www.ctcorporation.com

July 16, 2013

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 8833830 SO
Customer Reference 1: None Given
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Shadowwood Apartments II, Ltd. (FL)
Conversion
Florida

Shadowwood Apartments II, Ltd. (FL)
Formation
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF CONVERSION
OF
SHADOWOOD APARTMENTS II, LTD.,
A FLORIDA LIMITED PARTNERSHIP
INTO
SHADOWOOD APARTMENTS II, LLC,
A FLORIDA LIMITED LIABILITY COMPANY**

A11892

This Certificate of Conversion is submitted to convert the following Florida limited partnership into a Florida limited liability company in accordance with Sections 620.2102 and 608.439 of the Florida Statutes.

1. The name of the converting domestic partnership is Shadowood Apartments II, Ltd. and its Florida document number is A11892. Shadowood Apartments II, Ltd. was organized in Florida on December 31, 1981.
2. The name of the converted entity as set forth in the Articles of Organization is Shadowood Apartments II, LLC, a Florida limited liability company.
3. Shadowood Apartments II, Ltd. has converted into Shadowood Apartments II, LLC in compliance with Chapters 620 and 608 of the Florida Statutes, which govern Florida limited partnerships and Florida limited liability companies.
4. The plan of conversion was approved by Shadowood Apartments II, Ltd. in accordance with Chapter 620 of the Florida Statutes.
5. The plan of conversion was approved by Shadowood Apartments II, LLC in accordance with Chapter 608 of the Florida Statutes.
6. The principal office address of Shadowood Apartments II, LLC is 590 W. Kennedy Blvd., 2nd Floor, Lakewood, NJ 08701.
7. This conversion shall be effective on July 16, 2013.

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TALLAHASSEE, FLORIDA

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Shadowood Apartments II, Ltd., a Florida
limited partnership

By AL Central Jersey GP, LLC, a Delaware
limited liability company, its general partner

By: 
Name: Ann Marie Pozzini
Title: Authorized Signatory

Shadowood Apartments II, LLC, a Florida
limited liability company

By: 
Name: Joanna Thalassinou
Title: Authorized Signatory

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Shadowood Apartments II, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

590 W. Kennedy Blvd.

2nd Floor

Lakewood, NJ 08701

Mailing Address:

590 W. Kennedy Blvd.

2nd Floor

Lakewood, NJ 08701

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation

FL 33324

City, State, and Zip

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.

C T Corporation System

By:

Connie Bryan

Registered Agent's Signature (REQUIRED)

Connie Bryan
Assistant Secretary

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Lexford Pools 1/3 LLC

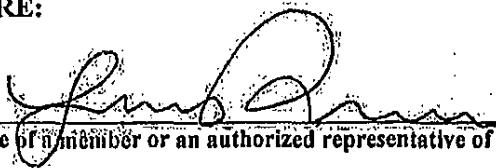
333 Barle Ovington Blvd., Suite 900

Uniondale, NY 11553

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Joanna Thalassinou

Typed or printed name of signer

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)

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TALLAHASSEE, FLORIDA

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