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(Re	equestor's Name))
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

NAME: VA JOHNSON Seviewille II, LLC

TYPE OF FILING: CONVERSION

COST: 150.00

RETURN: Plain

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Articles of Conversion For "Other Business Entity"

Into

Florida Limited Liability Company

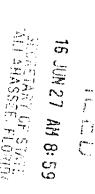
The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:

VA Johnson Sevierville II, LLC

(Eı	nter Name of Other Business Entity)
2. The "Other Business Entity" is	a limited fiability company
· · · · · · · · · · · · · · · · · ·	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorpo	orated under the laws of Virginia
4444	(Enter state, or if a non-U.S. entity, the name of the country)
On (date of organization, formation or in	icorporation)
	d Liability Company as set forth in the attached Articles of Organization:
VA Johnson Sevierville II, LLC	
(Enter Name	e of Florida Limited Liability Company)
4. If not effective on the date of fil	ling, enter the effective date:
(The effective date: 1) cannot be	prior to date of receipt or filed date nor more than 90 days after the
	e Florida Department of State; AND 2) must be the same as the effective
date listed in the attached Article	es of Organization, if an effective date is listed therein.)
Note: If the date inserted in this block do locument's effective date on the Departm	pes not meet the applicable statutory filing requirements, this date will not be listed as the nent of State's records.
5. The plan of conversion has been	approved in accordance with all applicable statutes.
 VA Johnson Sevierville II, LLC hereby a such members are entitled under Sections 	agrees to pay to the members of any limited llability company with appraisal rights the amount to which so 605.1006 and 605.1061 through 605.1072 of the Florida Revised Limited Liability Company Act.

Page 1 of 2



Signed this 24th day of June	20_16
Signature of Authorized Representative of Lin	lited Liability Company:
Signature of Authorized Representative Printed Name: Steven E. Johnson	Title: Member
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Nama Steven E. Johnson	Title: Member
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 If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL 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)

Page 2 of 2

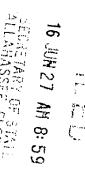
ECREPART OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company	y is:		
VA Johnson Sevierville II, LLC			
(Must end with the words "Limited L	iability Compa	ny, "L.L.C.," or "LL	C.")
ARTICLE II - Address:			
The mailing address and street address of th	e principal (office of the Lin	nited Liability Company is:
Principal Office Address:	<u>Maili</u>	ng Address:	
2563 Players Ct	2563 Players Ct		
Wellington, FL 33414	Wellin	gton, FL 33414	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the server of the	egistered Agent	. You must designate	
Capitol Corporate Services, I			-
N	ame		
155 Office Plaza Drive, Suite			-
Florida street address (f	P.O. Box <u>N</u> (OT acceptable)	
Tallahassee	FL	32301	_
Čity		32301 Zip	
Having been named as registered agent an liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as Registered Agent's S	d in this cert pacity. I furt te performa registered a	ificate, I hereby her agree to coi nce of my duties gent as provide	accept the appointment as apply with the provisions of all and I am familiar with and
CONT	INHEIM		,1≤', ,

CONTINUED

Page 1 of 2



Title	Nama and Address	
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Comm. C. Johanna	
AMBR	Steven E. Johnson 2563 Players Ct	
	Wellington, FL 33414	
(Use attachment if necessary)		
ICLE V: Effective date, if other than the effective date is listed, the date must be	date of filing: June 28, 2016 (OPTIONAL) be specific and cannot be more than five business day	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) If the date inserted in this block does not meet the	be specific and cannot be more than five business day ne applicable statutory filing requirements, this date will not be liste	's pa
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The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-