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DATE: 6/27/2016	
NAME: UA Johnson W	anchester. LLC
TYPE OF FILING: CONVERSION	
COST: 150.00	
RETURN: Plaim	
ACCOUNT: FCA00000015	
AUTHORIZATION: ABBIE/PAUL HO	DGE PDH

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.

VA Johnson Manchester, LLC (Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a	12- 01	5	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)		JUH 2	,,,,,
First organized, formed or incorporated under the laws of Virginia	00 T	<u></u>	i
09/16/2009 (Enter state, or if a non-U.S. entity, the name	of the count	ryE G	
(date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of	of Organiz	0	•
VA Johnson Manchester, LLC			
(Enter Name of Florida Limited Liability Company)			
If not effective on the date of filing, enter the effective date: The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 clate this document is filed by the Florida Department of State; AND 2) must be the same late listed in the attached Articles of Organization, if an effective date is listed therein.) lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ocument's effective date on the Department of State's records.	c as the eff	lective.	

such members are entitled under Sections 605,1006 and 605,1061 through 605,1072 of the Florida Revised Limited Liability Company Act.

Page 1 of 2

6. VA Johnson Manchester, LLC hereby agrees to pay to the members of any limited flability company with appraisal rights the amount to which

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signature of Authorized Representative of Limited Liability Conf Signature of Authorized Representative: Printed Name: Steven E. Johnson Title: Member Signature(s) on heldle of Other dusiness Engity: [See below for required signature(s)] Signature: Printed Name: Steven E. Johnson Title: Member Signature: Title: Printed Name:_____ Signature: Printed Name: Printed Name: ______ File: _____ Signature: _ Printed Name:_____ Title: Signature: __ Printed Name:____ Title: __ If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person. Fees: Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

Signed this 242 day of June 20 16

Certified Copy:

Certificate of Status:

16 JUN 27 AH 9: 10

\$30,00 (Optional)

\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited	Liability Company is:		
VA Johnson Manchester, LL	5 (d. d	Company, "L.L.C.," or "LLC.")	
(Niusi end w	in the words "I united Etablidy	Company, "L.J., C., of "LLC.)	I
ARTICLE II - Address: The mailing address and	street address of the prin	cipal office of the Limit	ed Liability Company is:
Principal Office Addres	<u>:</u>	Mailing Address:	
2563 Players Ct		2563 Players Ct	
Wellington, FL 33414		Wellington, FL 33414	
ARTICLE III - Register The Limited Liability Company of business entity with an active Flo The name and the Florida	annot serve as its own Registere rida registration.) street address of the reg	d Agent. You must designate an	individual or another
Capito	Corporate Services, Inc.		
	Name		
155 Of	fice Plaza Drive, Suite A		
Flori	da street address (P.O. B	Sox NOT acceptable)	
Tallaha	see	PL 32301	
	City	FL 32301 Zip	
liability company at i registered agent and age statutes relating to the	he place designated in the ee to act in this capacity, proper and complete per	is certificate. Thereby ac I further agree to compa formance of my duties, a cred agent as provided fo	ly with the provisions of all nd I am familiar with and
Re	gistered Agent's Signatt	are (REQUIRED)	主流 旨
	(CONTINUF Page 1 of 2	(1))	JUH 27 AM 9: RETART OF STA AHASSEEL FLOR
Re	·		

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Storm C. Johnson
AMBR	Steven E. Johnson 2563 Players Ct
	Wellington, FL 33414
	Willington, 10 3300
(Use attachment if necessary) ARTICLE V: Effective date, if other than the	date of filing: June 28, 2016 . (OPTIONAL)
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must b to or 90 days after the date of filing.)	be specific and cannot be more than five business days prious applicable statutory filing requirements, this date will not be listed as the
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must b to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the	be specific and cannot be more than five business days prious applicable statutory filing requirements, this date will not be listed as the
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must b to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the document's effective date on the Department of State's	ne specific and cannot be more than five business days prior the applicable statutory filing requirements, this date will not be listed as the records.
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The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-