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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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16 JUN 30 PM I2: 38
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

SEFFICENCE OF FLAT

JUN 3 0 2016 T SCHROEDER

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724 SUNSHINECORPORATE2014@GMAIL.COM

Date: 6-30-16
ENTITY NAME:
SPARTAN X L.L.C.
PLEASE FILE THE ATTACHED AND RETURN:
Plain Copy
XX Certified Copy
PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:
Document Number:
Certified Copy of Arts & Amendments
Certificate of Good Standing
APOSTILLE'/NOTARIAL CERTIFICATION:
COUNTRY OF DESTINATION
NUMBER OF CERTIFICATES REQUESTED
TOTAL AMOUNT OWED: 25° CONVEYSION 30°0 CHECK NUMBER: 2637 PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.
Thank you!
Tina Goff, President

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 Busine SPARTAN, L.L.C.	ss Entity" immediately prior to the filing of the Articles of Conversion is:
	nter Name of Other Business Entity)
2. The "Other Business Entity" is	a Limited Liability Company
•	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorpo	rated under the laws of New Jersey
7/13/1999 on	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or in	acorporation)
3. The name of the Florida Limite SPARTAN X, L.L.C.	ed Liability Company as set forth in the attached Articles of Organization:
(Enter Nam	e of Florida Limited Liability Company)
4. If not effective on the date of fi	ling, enter the effective date:
date this document is filed by th date listed in the attached Articl	e prior to date of receipt or filed date nor more than 90 days after the e Florida Department of State; <u>AND</u> 2) must be the same as the effective es of Organization, if an effective date is listed therein.) best not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
5. The plan of conversion has been	a approved in accordance with all applicable statutes.

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16 JUN 30 PHI2: 38

Signed this 28th day of Ju	ne 20 16
Signature of Authorized Repr	esentative of Limited Liability Company:
Signature of Authorized Repres	entative:
Printed Name: Kristine Roy	
Signature(s) on behalf of Other	Business Entity: [See below for required signature(s)]
Signature:	
Printed Name: Kristine Roy	Title: Attorney-in-Fact
a: J	/
Signature: Printed Name:	Title:
Timed Ivanie.	1100.
Signature:	
Printed Name:	Title:
Signature:	
	Title:
Signature:	
Printed Name:	Title:
Signatura	
Signature:	Title:
Triniod Paulo.	
If Florida Corporation:	
Signature of Chairman, Vice Cha	
If Directors or Officers have not	been selected, an Incorporator must sign.
If Florida General Partnershin	or Limited Liability Partnership:
Signature of one General Partner	
If Florida Limited Partnership Signatures of <u>ALL</u> General Partnership	or Limited Liability Limited Partnership: ners.
All others: Signature of an authorized perso	n.
Fees:	
Articles of Conversion:	\$25.00

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status:

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\$125.00

\$30.00 (Optional) \$5.00 (Optional) 16 JUN 30 PHI2: 38

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	z·
The name of the Elimica Elability Company i	
SPARTAN X, L.L.C.	
(Must end with the words "Limited Lial	pility 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:	Mailing Address:
7972 Arbor Crest Way	7972 Arbor Crest Way
West Palm Beach, FL 33412-2436	West Palm Beach, FL 33412-2436
(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the	
Philip H. Forbes, Esq.	
Na	me
11382 Prosperity Farms Road	, Suite 227
Florida street address (P	O. Box NOT acceptable)
Palm Beach Gardens	FL 33410
City	Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as Registered Agent's S	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S Kristine Roy, Attorney-in-Fact ignature (REQUIRED) INUED) 10f2
Page	1 of 2

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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	Constantinos Pardales	
	7972 Arbor Crest Way	
	West Palm Beach, FL 33412-2436	
AMBR	Carole A. Pardales	
	7972 Arbor Crest Way	
	West Palm Beach, FL 33412-2436	
(Use attachment if necessary)		
CLE V: Effective date, if other that effective date is listed, the date in	on the date of filing: (OPTIONA nust be specific and cannot be more than five business d	L) lays p
CLE V: Effective date, if other that effective date is listed, the date in 0 days after the date of filing.) If the date inserted in this block does not int's effective date on the Department of S	nust be specific and cannot be more than five business d meet the applicable statutory filing requirements, this date will not be t	lays p
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Ager \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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