(Rec	questor's Name)	
(Add	lress)	
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(City	//State/Zip/Phone	e #)
PICK-UP		MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	)
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
		·
		1

Office Use Only



800298982388

C. GOLDEN

MAY 12 2017

2017 HAY 12 PM 12: 28

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 638013

**AUTHORIZATION:** 

COST LIMIT : \$ 150.00

ORDER DATE: May 11, 2017

ORDER TIME : 10:14 AM

ORDER NO. : 638013-010

CUSTOMER NO: 8097129

CONVERSION

NAME: 471 HICKORY, LLC

EFFECTIVE DATE:

XX ARTICLES OF CONVERSION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY

XX PLAIN STAMPED COPY

\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT. 62956

EXAMINER'S INITIALS:

# **COVER LETTER**

TO: New Filing S Division of C				•	
SUBJECT: 471 Hick	ory, LLC				
SOBJECT:	(Name of Res	ulting Florida Li	mited Con	npany)	<del></del>
				d fees are submitted to coordance with s. 605.	
Please return all corr	espondence concerning	g this matter to	o:		
Thomas W. Forster II, E	sq.				
	(Contact Person)			•	
Varnum LLP					
	(Firm/Company)				
300 N. 5th Avenue					
	(Address)				
Ann Arbor, MI 48230					
	City, State and Zip Code)	<u>,,</u>			
twforster@varnumlaw.c	•				
E-mail Address: (to b	e used for future annual re	port notifications	<del></del>		
	on concerning this ma				
Thomas W. Forster II, E	sq.	at ( <sup>734</sup>	) 372-3	2911 ytime Telephone Number)	
(Name of Conta	nct Person)	(Area Co	de) (Day	ytime Telephone Number)	
	for the following amount a bank located in the			sed by this office must	be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Fil and Certified (		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES New Filing Section Division of Corporat Clifton Building 2661 Executive Cent Circle Tallahassee, F 32301	ions	New Divi P. O	Filing S sion of C . Box 63	Corporations	2017 HAY 12 PM SECALTARY OF S TALLAHASSEE, FL

INHS11 (2/17)

FILED

### **Articles of Conversion** For "Other Business Entity" Into

## Florida Limited Liability Company

2017 MAY 12 PM 12: 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The Articles of Conversion <u>and attached Articles of Organization</u> 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: 471 Hickory, LLC
(Enter 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 incorporated under the laws of Tennessee
November 24, 2014 (Enter state, or it a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)
471 Hickory, LLC  (Enter Name of Florida Limited Liability Company)
4. 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 calendar days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  5. The plan of conversion has been approved in accordance with all applicable statutes.
3. The plan of conversion has been approved in accordance with an applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount t

Signed this	day of April	20_17	
Signature of Au	thorized Representative	of Limited Liability Company	<u>"1</u>
Signature of Auth Printed Name: Jaco	norized Representative:	Title: Manager	
Signature(s) on b	ehalf of Other Business	Entity: [See below for required	signature(s)]
Signature:	Je 365		
Printed Name: Ize	ob Khotoveli	Title: Manager	
Signature			
Printed Name:		Title:	
Signature:	4.00		
Printed Name:		Title:	41-41-41-1
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
	man, Vice Chairman, Dir	ector, or Officer. ed, an Incorporator must sign.	
If Florida General Signature of one C	al Partnership or Limite General Partner.	d Liability Partnership:	
If Florida Limite Signatures of ALI	d Partnership or Limite _ General Partners.	d Liability Limited Partnership:	
All others: Signature of an au	thorized person.		
Fees:			

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION	FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Com	pany is: 2017 MAY 12 PM 12: 28
471 Hickory, LLC	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Must contain the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address and street address.  Principal Office Address:	of the principal office of the Limited Liability Company is:  Mailing Address:
2028 Harrison Street, Suite 202	2028 Harrison Street, Suite 202
Hollywood, Florida 33020	Hollywood, Florida 33020
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another

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

Jacob Khotoveli	
Na	me
2028 Harrison Street, Suite 20	2
Florida street address (P	.O. Box NOT acceptable)
Hollywood	FL 33020
City	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.,

Registered Agent's Signature (REQUIRED)

Title.	Name and Address: 2017 HAY 12 PM I
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
	<b>SECA</b> ETARY OF S
"MGR" = Manager MGR	Jacob Khotoveli TALLAHASSEE, FLI
172-27	2028 Harrison Street, Suite 202
	Hollywood, Florida 33020
	Tieny windy a contact product
	edit fielde a service and the
effective date is listed, the date r o or 90 calendar days after the d	
CLE V: Effective date, if other the effective date is listed, the date is or 90 calendar days after the d	nust be specific and cannot be more than five business da ate of filing.) neet the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other the effective date is listed, the date is or 90 calendar days after the dothe date inserted in this block does not rat's effective date on the Department of SCLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	nust be specific and cannot be more than five business date of filing.) neet the applicable statutory filing requirements, this date will not be listed tate's records.
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CLE V: Effective date, if other the effective date is listed, the date roor 90 calendar days after the dothe date inserted in this block does not rot's effective date on the Department of SCLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a menuity of a management of a management is executed I am aware that any false in constitutes a third degree for	nust be specific and cannot be more than five business date of filing.) neet the applicable statutory filing requirements, this date will not be listed tate's records.  In accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.

ARTICLE IV-