# L21000532479

(Re	questor's Name)	
(Ad	dress)	<del></del>
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	)
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
<u>.</u>		

Office Use Only



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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT	NO.	;	I2000000019
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REFERENCE : 348375 8365453

AUTHORIZATION :

COST LIMIT : 57185.00

ORDER DATE: December 23, 2021

ORDER TIME : 3:37 PM

ORDER NO. : 348375-005

CUSTOMER NO: 8365453

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#### DOMESTIC AMENDMENT FILING

NAME: ALMOND BRANCH, LLC

EFFECTIVE DATE:

XX ARTICLES OF CONVERSION AND ARTICLES OF ORGANIZATION RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

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

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER'S INITIALS:

#### **COVER LETTER**

TO: New Filing Sect Division of Con				
•	RANCH, LLC			
SUBJECT.	(Name of Res	ulting Florida	Limited C	Company)
The enclosed Articles o Business Entity" into a	f Conversion, Articl "Florida Limited Li	les of Orgai ability Con	nization, npany" in	and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corresp	ondence concerning	g this matte	r to:	
BRYANT BOSTON				
	(Contact Person)			
ALMOND BRANCH, LLC				
	(Firm/Company)		<del></del>	
9100 CONROY WINDER	MERE ROAD, SUITE	200		
	(Address)			
WINDERMERE, FL 3478	,			
bryant@almondbranchilc.	, State and Zip Code)			
E-mail Address: (to be us	sed for future annual rep	ort nouncau	ons)	
For further information	concerning this mat	ter, please o	call:	
BRYANT BOSTON		_at ( <sup>240</sup>	<b>)</b> 27	4-4846
(Name of Contact F	crson)	(Агеа	Code) (I	Daytime Telephone Number)
Enclosed is a check for dollars and drawn on a b				essed by this office must be payable in US
(\$25 for Conversion ar	1\$155.00 Filing Fees and Certificate of tatus	and Certific		S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address New Filing Section				eet Address: w Filing Section
Division of Corp				ision of Corporations
P.O. Box 6327			The	Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## **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: ALMOND BRANCH, 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
(Enter state, or if a non-U.S. entity, the name of the country)
04/26/2010 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ALMOND BRANCH, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: 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.)
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.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

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Signed this 22 day of DECEMBER	20
Signature of Authorized Representative of Lim	<del></del>
Signature of Authorized Representative: Printed Name: BRYANT BOSTON	Title: MANAGING MEMBER
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]
Signature	
Printed Name: Bryan Buston	Title: Managing Member
•	
Signature:	<u> </u>
Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
6'	
Signature: Printed Name:	Title
Frinted Name.	
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> 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)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limi	ted Liability Company	is:
ALMOND BRANCH, LL	c	
<del></del>		bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Addr		
The mailing address a	and street address of the	principal office of the Limited Liability Company
Principal Office Add	lress:	Mailing Address:
9100 CONROY WINDS	ERMERE ROAD	9100 CONROY WINDERMERE ROAD
SUITE 200		SUITE 200
SUITE 200 WINDERMERE, FL 347  ARTICLE III - Regi (The Limited Liability Comp	istered Agent, Registe	SUITE 200 WINDERMERE, FL 34786  red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
SUITE 200 WINDERMERE, FL 347 ARTICLE III - Regi (The Limited Liability Comp business entity with an activ	istered Agent, Registe	WINDERMERE, FL 34786  red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
SUITE 200 WINDERMERE, FL 347 ARTICLE III - Regi (The Limited Liability Comp business entity with an activ The name and the Flo	stered Agent, Registe any cannot serve as its own Re ve Florida registration.)	WINDERMERE, FL 34786  red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
SUITE 200 WINDERMERE, FL 347 ARTICLE III - Regi (The Limited Liability Comp business entity with an activ The name and the Flo	istered Agent, Register any cannot serve as its own Rever Florida registration.) rida street address of the RYANT BOSTON	WINDERMERE, FL 34786  red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
SUITE 200 WINDERMERE, FL 347 ARTICLE III - Regi (The Limited Liability Comp business entity with an activ The name and the Flo BI	istered Agent, Register any cannot serve as its own Rever Florida registration.) rida street address of the RYANT BOSTON	windermere, FL 34786  red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:
SUITE 200 WINDERMERE, FL 347  ARTICLE III - Regi (The Limited Liability Comp business entity with an activ The name and the Flo  BI	stered Agent, Registerany cannot serve as its own Reve Florida registration.)  rida street address of the RYANT BOSTON  Na	windermere, FL 34786  red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:
SUITE 200 WINDERMERE, FL 347  ARTICLE III - Regi (The Limited Liability Comp business entity with an activ  The name and the Flo  BI  91	stered Agent, Registerany cannot serve as its own Reve Florida registration.)  rida street address of the RYANT BOSTON  Na	WINDERMERE, FL 34786  red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another are registered agent are:  IERE ROAD, SUITE 200
SUITE 200 WINDERMERE, FL 347  ARTICLE III - Regi (The Limited Liability Comp business entity with an activ  The name and the Flo  BI  91	stered Agent, Registerany cannot serve as its own Reve Florida registration.)  rida street address of the RYANT BOSTON  Nation CONROY WINDERM Florida street address (F	WINDERMERE, FL 34786  red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another  ne registered agent are:  MERE ROAD, SUITE 200  P.O. Box NOT acceptable)

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)

(CONTINUED)

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SEGRETARY OF STATE

#### ARTICLE IV-

**BRYANT BOSTON** 

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	
MGR	BRYANT BOSTON
	112 CAMPHOR TREE LN
	ALTAMONTE SPRINGS, FL 32714
<del></del>	
	<del></del>
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
(Use attachment if necessary)	
LE V: Other provisions, if any.	
•	•
REQUIRED SIGNATURE:	
REVOIRED SIGNATURE.	2
12 mily	The second secon
	<del>/</del>
$\nu$	
Signature of a member or	an authorized representative of a member
I his document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am aware
any false information submitted in a docu-	ument to the Department of State constitutes a third degree
as provided for in s.817.155, F.S.	

Typed or printed name of signee

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)