

L040000006154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

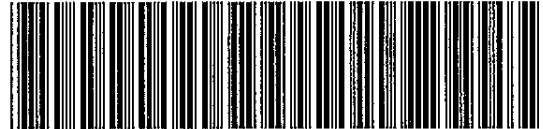
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500025711025

01/23/04--01024--010 **125.00

01/23/04--01024--011 **25.00

BR

RECEIVED
04 JAN 23 AM 11:30
DIVISION OF CORPORATION

FILED
04 JAN 23 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORPORATION SYSTEM

660 East Jefferson Street
Tallahassee, FL 32304 January 23, 2004
Tel. 850 222 1092
Fax 850 222 7615

FILED
04 JAN 23 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 6023836 SO
Customer Reference 1: SUNENT/CM
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

8920 Associates (FL)
Conversion
Florida

8920 Associates LLC (FL)
Formation
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at
(850) 222-1092. Thank you very much for your help.

File First

CT CORPORATION SYSTEM

660 East Jefferson Street
Tallahassee, FL 32301

Tel. 850 222 1092

Fax 850 222 7615

Sincerely,
Brigham Weir
Fulfillment Specialist
Brigham_Weir@cch-lis.com

FILED
JAN 23 PM 1:10
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

FILED
04 JAN 23 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF CONVERSION

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the attached articles of organization and this certificate of conversion to convert to a Florida limited liability company:

FIRST: The name of the unincorporated business immediately prior to filing this document was:

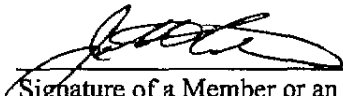
8920 Associates

SECOND: The date on which and the jurisdiction in which the unincorporated business was first created or otherwise came into being are:

- A. Date: August 27, 1988
- B. Jurisdiction: Florida
- C. If different from the above noted jurisdiction, the jurisdiction immediately prior to its conversion: _____

THIRD: The name of the limited liability company as set forth in the attached articles of organization is:

8920 Associates LLC



Signature of a Member or an Authorized Representative of a Member
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jonathan Colman, Authorized Representative

Typed or Printed Name of Signee

FILING FEES:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Filing Fee for Registered Agent Designation
- \$ 25.00 Filing Fee for Certificate of Conversion
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
8920 Associates LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
27777 Franklin Road, Suite 200, Southfield, Michigan 48034

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

C T Corporation System
Name
c/o C T Corporation System, 1200 South Pine Island Road
Florida street address (P.O. Box **NOT** acceptable)
Plantation FL 33324
City, State, and 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 608, F.S.

By: Connie Bryan
C T Corporation System
Registered Agent's Signature
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

(An additional article must be added if an effective date is requested)

Jonathan Colman
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jonathan Colman, Authorized Representative
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)