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| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Ĉit | y/State/Zip/Phone | · #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

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TRANSMITTAL LETTER

| TO: Registration Division of | Corporations | | |
|---|--|---|--|
| SUBJECT: | SUNR | ISE TOWERS, LLC | |
| | (Name of Limite | d Liability Company) | |
| The enclosed Article | s of Organization and fee(s) are s | ubmitted for filing. | |
| Please return all corre | espondence concerning this matte | er to the following: | |
| <u></u> | | L Oakes | |
| | (1) | Name of Person) | |
| | Brooksid e | Properties, Inc. | |
| | | Firm/Company) | |
| | | | |
| | 3775 Wales | Avenue NW, Suite 2 | |
| *************************************** | | (Address) | · · · · · · · · · · · · · · · · · · · |
| | | | |
| | | on, Ohio 44646 | |
| | (City | State and Zip Code) | |
| For further information | on concerning this matter, please | саП: | |
| Thomas L Stevens | on | at (239) 344-0111 | |
| (Na | me of Person) | (Area Code & Daytime To | elephone Number) |
| Enclosed is a check | for the following amount: | | · . |
| 5 125.00 Filing Fe | e S130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & Certified Copy (additional copy is enclosed) | 7 \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CERTIFICATE OF CONVERSION

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

| FIRST: The | name of the uni | ncorporated business immediately prior to filing this document was | : |
|-------------------------|------------------------------------|---|---|
| | | SUNRISE TOWERS, LTD. ACG-198 | • |
| SECOND: | The date on whic | th and the jurisdiction in which the unincorporated business was firs | t |
| created or of | therwise came int | to being are: | |
| Α. | Date: | April 21. 2005 | |
| B. | Jurisdiction: | Florida | |
| C. | If different fro its conversion | om the above noted jurisdiction, the jurisdiction immediately prior to | o |
| THIRD: The organization | | nited liability company as set forth in the attached articles of | |
| | | SUNRISE TOWERS, LLC | |
| | Signature of a l | Member or an Authorized Representative of a Member | |
| | | h section 608.408(3), Florida Statutes, the execution of this document | |
| | constitutes an affiri | mation under the penalties of periury that the facts stated herein are true.) | |

FILING FEES:

Brookside Properties, Inc., by Garry L Oakes, Pres.

Typed or Printed Name of Signee

\$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: | | | | |
|--|--|--|--|--|
| SUNRISE TOWERS, LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: | | | | |
| | | | | |
| 2825 Central Avenue #112 | 3775 Wales Avenue NW, Suite 2 | | | |
| Ft. Myers, Florida 33901 | Massilion, Ohio 44646 | | | |
| 2825 Centra | o Antia Name at Avenue #112 et address (P.O. Box <u>NOT</u> acceptable) | | | |
| | Myers, FL 33901 tate, and Zip | | | |
| Having been named as registered agent an liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as | d to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all ate performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S | | | |
| CON | TINIB(D) | | | |

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| MGRM | Brookside Properties, Inc. | |
|------|--|--|
| | 3775 Wales Avenue NW, Suite 2 | |
| | Massillon, Ohio 44646 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | Annual Control of the | |

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

ember 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.)

Broodside Properties, Inc., Garry L. Oakes, President

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)