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(Requestor's Name)	
(Address)	
(Address)	**
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Name)
(Document Number)	
Certified Copies Certificates of	of Status
Special Instructions to Filing Officer:	

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COVER LETTER

то:	Registration Section Division of Corporations				
SUBJ	ECT: Accessible Properties				
	(Name of Resulting	; Floric	da Limited Co	mpany	7)
conve	nclosed Certificate of Conversion, A ert an "Other Business Entity" into a dance with s. 608.439, F.S.				
Please	e return all correspondence concernir	ig this	s matter to:		
	•	_			9
C. R	Randolph Coleman				07 FEB 27
	(Contact Person)			-	~ · · · · · · · · · · · · · · · · · · ·
Smi	th, Gambrell & Russell, LLF)			نیب م
	(Firm/Company)			-	
50 N	N. Laura Street, Suite 2600				
	(Address)			-	
Jack	ksonville, FL 32202				
	(City, State and Zip Code)		·	-	** * .
For fu	urther information concerning this ma	ıtter, p	please call:		
C. F	Randolph Coleman	at (904	, 44	8-1969
	(Name of Contact Person)		(Area Code	and D	aytime Telephone Number)
Enclo	sed is a check for the following amo	unt:			
(\$25 fo & \$125	0.00 Filing Fees or Conversion and Certificate of Status 5 for Articles Status		180.00 Filing Certified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Regis Divisi Clifto 2661	EET ADDRESS: tration Section ion of Corporations in Building Executive Center Circle hassee, FL 32301		Registr Divisio P. O. B	ration on of 0 Sox 63	ADDRESS: Section Corporations 327 FL 32314

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate 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.608.439, Florida Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: Accessible Properties, Inc. # P0300031385
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
on 3/18/2003
(Enter date "Other Business Entity" was first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Accessible Properties, LLC

Page 1 of 2

(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: March 1, 2007

(The effective date: 1) cannot be prior to nor more than 90 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.)

Signed this 26th day of February 20 07

Signature of Authorized Person: Chandofth William

Printed Name: C. Randolph Coleman Title: Attorney

Fees:

Certificate of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Accessible Properties, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

6903 Atlantic Blvd 6903 Jacksonville, FL 32211 Jacks

6903 Atlantic Blvd.

Jacksonville, FL 32211

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

business entity with an active Florida registration.)

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

C. Randolph Coleman

50 N. Laura Street, Suite 2600

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, FL 32202

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.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)
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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Bradley A. Hollett 6903 Atlantic Blvd. Jacksonville, FL 32211 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: March 1, 2007 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURES 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.) C. Randolph Coleman 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)