

LD8000039002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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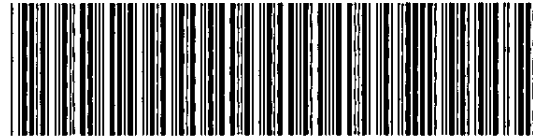
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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B. KOHR

APR 18 2008

EXAMINER

Charter Number Only

4/16/08

Joseph Lents, CPA

Requestor's Name

20283 State Road 7

Address

Box Raton FL 33498

City

State

ZIP

Phone

VALIDATION ONLY

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CORPORATION(S) NAME

Homestead Mixed-Use Workforce Housing LLC

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Reinstatement

☐ Reservation

☒ Other **Conversion**
☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

☒ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier



Empire Toll Free: 1-800-432-3028

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TALLAHASSEE, FLORIDA

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:
HOMESTEAD MIXED-USE WORKFORCE HOUSING, INC.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a CORPORATION POC 000069436
(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 MAY 17, 2006
(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:

FLORIDA

4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

HOMESTEAD MIXED-USE WORKFORCE HOUSING, LLC
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: _____
(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 9TH day of APRIL 20 08

Signature of Authorized Person: _____

A handwritten signature in black ink, appearing to read "Joseph Lents", written over a horizontal line.

Printed Name: JOSEPH LENTS

Title: PRES/DIR

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF**

HOMESTEAD MIXED-USE WORKFORCE HOUSING, LLC

ARTICLE I

**The name of the Limited Liability Company shall be: HOMESTEAD
MIXED-USE WORKFORCE HOUSING, LLC**

ARTICLE II

**The Company is organized for any legal and lawful purpose for
which a limited liability company may be organized pursuant to the Act.**

ARTICLE III

**The mailing address and street address of the principal office of the
Limited Liability Company: MISSION BAY OFFICE PLAZA, SUITE 300,
20283 STATE ROAD 7, BOCA RATON, FLORIDA 33498**

ARTICLE IV

**The name and the Florida street address of the registered agent:
JOSEPH LENTS, 20283 STATE ROAD 7, #300, BOCA RATON, FL 33498**

ARTICLE V

The name of the Managing Member(s) shall be:

JOSEPH LENTS

GARY KELMAN

MICHAEL KELMAN

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TALLAHASSEE, FLORIDA**

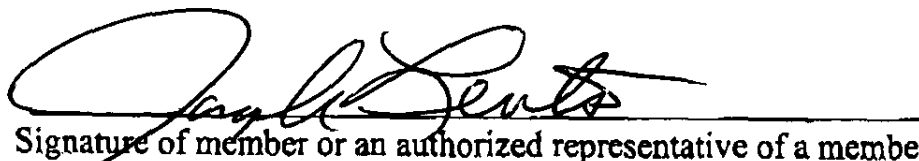
**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE**

HOMESTEAD MIXED-USE WORKFORCE HOUSING, LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.



Registered Agent
JOSEPH LENTS



Signature of member or an authorized representative of a member.
JOSEPH LENTS

(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.)

JOSEPH LENTS

Typed or printed name of signee