L080009933

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

Office Use Only

OCT. - 92008

EXAMINER



500136725505

10/08/08--01019--007 **155.00

08 OCT -8 AM 8: 14

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Parkland Camelot, L.L.C. (Name of Resulting Florida Lin	nited Company)
The enclosed Certificate of Conversion, Articles of Convert an "Other Business Entity" into a "Florida Laccordance with s. 608.439, F.S.	
Please return all correspondence concerning this mat	ter to:
Carole Aronson, Esq.	
(Contact Person)	
Weiner, Aronson & Mankoff, P.A.	
(Firm/Company)	
10 SE 1st Ave., Suite C	
(Address)	
Delray Reach, Florida 33444	
Delray Beach, Florida 33444 (City, State and Zip Code)	
(,,	
For further information concerning this matter, please	e call:
Carole Aronson at (56	1) 265-2666
(Name of Contact Person) (Are	ea Code and Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status \$\$180.00 and Certificate of Status	0 Filing Fees fied Copy Certified Copy, and Certificate of Status
Registration Section Full Division of Corporations Clifton Building Full Division of Corporations Full Division Of Corporation	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Fallahassee, FL 32314

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> 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:				
Parkland Camelot, Ltd.				
(Enter Name of Other Business Entity)				
2. The "Other Business Entity" is a limited partnership				
(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 September 9, 1997				
(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:				
<u>N/A</u> .				
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:				
Parkland Camelot, L.L.C.				
(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				
Page 1 of 2				

•		
Signed this day of		
Signature of Member or Authorized Represent	ative of Limited Liability Company:	
Signature of Member or Authorized Representativ Printed Name: Neil J. Kozokoff		
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]	
Signature:		
Printed Name: Neil J. Kozokoff		
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		
Fees:	7. (
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:		1
 -	53.00 (Optional)	J

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•	Mailing Address: Same ed Office, & Registered Agent's gistered Agent. You must designate an eregistered agent are: me ., Suite 215
mailing address and street address of the bility Company is: ncipal Office Address: South Rosemary Ave., Suite 215 t Palm Beach, FL 33401 FICLE III - Registered Agent, Register nature: Limited Liability Company cannot serve as its own Regidual or another ness entity with an active Florida registration.) name and the Florida street address of the Neil J. Kozokoff Name Arr South Rosemary Ave Florida street address (P.6) West Palm Beach, City, Sta	Mailing Address: Same ed Office, & Registered Agent's gistered Agent. You must designate an e registered agent are: me ., Suite 215
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Nar 477 South Rosemary Ave Florida street address (P.6 West Palm Beach, City, St	., Suite 215
Florida street address (P.6 West Palm Beach, City, St	
West Palm Beach, City, St	D. Box <u>NOT</u> acceptable)
City, St	
•	FL 33401
aving heen named as registered agent and	ate, and Zip
ove stated limited liability company at the phereby accept the appointment as register apacity. I further agree to comply with the	red agent and agree to act in this provisions of all statutes relating to
ne proper and complete performance of my accept the obligations of my position as re	
Chapter 608,	F.S
\sim	255 d
Registered Agent's S	Signature (REQUIRED)
(CONTINUED)	- 191 - 191

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	NI-D I (Z)-#
MGNW	Neil J. Kozokoff
	477 South Rosemary Ave., Suite 215
	West Palm Beach, FL 33401
	
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	the state of the s
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the of the effective date: 1) cannot be prior to no locument is filed by the Florida Department he effective date listed in the attached Cellate is listed therein.)	(OPTIONAL) r more than 90 days after the date this t of State; <u>AND</u> 2) must be the same as
REQUIRED SIGNATURE:	
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Sign August of a mambar are an august	orized representative of a member.
Signature of a member or an auth	fortzed representative of a member.
of this document constitutes an affir	98(3), Florida Statutes, the execution mation under the penalties of perjury ed herein are true.)
Neil J. Kozo	koff
	d name of signee
Typed or printe	d name of signee
Filing Fees:	7
rining rees.	608
\$125.00 Filing Fee for Articles of C	Organization and Designation
and the control of th	organization and Designation
of Registered Agent	SOFT CO Proper
\$ 30.00 Certified Copy (Optional)	
\$ 5.00 Certificate of Status (Opti	
Page 2 of	12