

L09000039382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

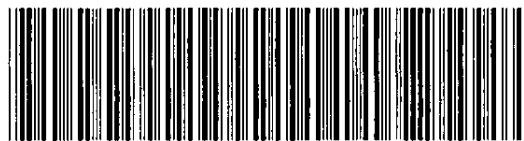
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600149109666

RECEIVED

09 APR 17 PM 4:12

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

09 APR 17 AM 9:15

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

APR 24 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 963845 7407027
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 180.00

FILED
09 APR 17 AM 9:15
TALLAHASSEE, FLORIDA

ORDER DATE : April 17, 2009
ORDER TIME : 2:24 PM
ORDER NO. : 963845-005
CUSTOMER NO: 7407027

CONVERSION FROM INC. TO LLC

NAME: THE VILLAS AT CARVER PARK,
INC.

EFFECTIVE DATE:

____ ARTICLES OF AMENDMENT
____ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley -- EXT# 2930

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2009

JOYCE MARKLEY
CSC
TALLAHASSEE, FL

SUBJECT: THE VILLAS AT CARVER PARK, LLC
Ref. Number: W09000018527

ESUBMIT

Please give original
mission date as file date.

FILED
09 APR 17 AM 9:15
DIVISION OF STATE
TALLAHASSEE, FLORIDA

We have received your document for THE VILLAS AT CARVER PARK, LLC and the authorization to debit your account in the amount of \$180.00. However, the document has not been filed and is being returned for the following:

As discussed, the name of the resulting LLC -- THE VILLAS AT CARVER PARK, LLC is not available because it is currently being used by another LLC. (Please see attached printout.)

So unless you can obtain written permission from the other company, you will have to choose another name for the resulting LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 509A00013299

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09 APR 23 PM 4:16
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 APR 17 AM 9:15
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:
The Villas at Carver Park, Inc.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a corporation P07000013192
(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 January 29, 2007
(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:

N/A

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

The Villas at Carver Park - Orlando, 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 17th day of April 2009.

Signature of Member or Authorized Representative of Limited Liability Company:

Signature of Member or Authorized Representative: Vivian Bryant
Printed Name: Vivian Bryant Title: Executive Director

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Vivian Bryant
Printed Name: Vivian Bryant Title: President

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 Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

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)

FILED
09 APR 17 AM 9:15
TALLAHASSEE, FLORIDA

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

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

390 North Bumby Avenue
Orlando, FL 32802

390 North Bumby Avenue
Orlando, FL 32802

(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:

Bernice S. Saxon, Esq.

Name

201 E. Kennedy Boulevard, Suite 600

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

Tampa

FL 33602

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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Housing Authority of the City of
Orlando, Florida

390 North Bumby Avenue

Orlando, FL 32802

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____

(OPTIONAL)

(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 Certificate of Conversion, if an effective date is listed therein.)

REQUIRED SIGNATURE:



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.)

Vivian Bryant

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)