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	(Requesto	r's Name)	
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PICK-U	P 🔲	WAIT	MAIL
	(Business	Entity Nar	ne)
•	(Documer	nt Number)	
Certified Copies		Certificates	s of Status
Special Instruction	s to Filing	Officer	

L. SELLERS

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EXAMINER

Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO:	Registration S Division of C				
SUBJ	ECT: The Alleg	gro at Harbour Island, L.L.	C		
		(Name of Resulting		ompany)	
conve		isiness Entity" into a "			and fees are submitted to ty Company" in
Please	e return all corre	espondence concerning	g this matter to:		
There	sa Marie Kenncy, I	Esq.			
		(Contact Person)			
Duss,	Kenney, Safer, Har	mpton & Joos, PA		_	
		(Firm/Company)			
4348 5	Southpoint Blvd., #	/ 101			
		(Address)			
Jackso	onville, FL 32216				
		City, State and Zip Code)		-	
gheinz	@allegroliving.co	m			
E-1	mail Address: (to b	e used for future annual re	port notifications)		
For fi	urther informati	on concerning this ma	tter, please call:	;	
There	sa Marie Kenney		_at (<u>904</u>) 543-4	300
(Name of Contact Person)		(Area Code and Daytime Telephone Number)			
Enclo	osed is a check f	or the following amou	int:		
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles ganization)	✓\$155.00 Filing Fees and Certificate of Status	\$180.00 Filin and Certified Co	_	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314			

CERTIFICATE OF CONVERSION "Other Business Entity" into Florida Limited Liability Company

and NAME CHANGE

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 Section 608.439, Fla. Stat. (2010) and to change the name of the resultant Florida limited liability company.

- 1. The Name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: The Allegro Senior Housing, L.L.C.
- 2. The "Other Business Entity" is a Delaware Limited Liability Company first organized in the state of Delaware on March 13, 1998 under Charter Number 2871408 and is currently qualified to conduct business in the state of Florida under document number M98000000513 in the name: The Allegro Senior Housing, L.L.C..
- 3. The name of the Florida Limited Liability Company as set forth on the attached Articles of Organization is: The Allegro at Harbour Island, L.L.C.
- 4. The Effective Date of this instrument is July 29, 2010.

Signed this day of July, 2010.

On behalf of the resultant Florida limited liability company:

The Allegro at Harbour Island, L.L.C., a Florida limited liability company formerly known as The Allegro Senior Housing, L.L.C.

By: Allegro Senior Living, LLC, a Delaware limited liability company formerly known as Hallmark Holdings, LLC, its sole and managing member

Douglas S. Schiffer Wresident

Prepared by Theresa Marie Kenney, Esq. Florida Bar No. 0970468 Duss, Kenney, Safer, Hampton & Joos, P.A. 4348 Southpoint Boulevard, Suite 101 Jacksonville, Florida 32216 904,543,4300 On behalf of the "Other Business Entity"

The Allegro Senior Housing, L.L.C., a Delaware limited liability company

By: Allegro Senior Living, LLC, a Delaware limited liability company formerly known as Hallmark Holdings, LLC, its sole and managing member

Douglas S. Schiffer, Vrestien

19 JUL 27 PH 12: 40

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Allegro at Harbour Island, L.L.C.

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

212 South Central Avenue	212 South Central Avenue
Suite 301	Suite 301
St. Louis MO 63105	St. Louis MO 63105

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:

Name
4348 Southpoint Blvd., Suite 101
Florida street address (P.O. Box NOT acceptable)

Jacksonville
FL 32216
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

hapter 608, A.S..

Registered Agent's Signature (REQUIRE)

(CONTINUED) Page 1 of 2 FILED

PHI2: LO

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Allegro Senior Living, LLC
	212 South Central Avenue, Suite 301
	St. Louis MO 63105
	(Use attachment if necessary)
CLE V: Effective date, if other than th	
00 41 1 45 41 14	(OPTIONAL) nor more than 90 days after the date t
ent is filed by the Florida Departm	ent of State; <u>AND</u> 2) must be the same Certificate of Conversion, if an effecti
REQUIRED SIGNATURE	
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Signature of a member or an ar	uthorized representative of a member.
(In accordance with section 608	.408(3), Florida Statutes, the execution ffirmation under the penalties of perjury
	mination under the penalties of perjury
	tated herein are true.)
Theresa Marie Kenney, Authorized Re	tated herein are true.)

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)