L12000031302

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Dod	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



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B. BOSTICK

MAR 1 6 2012

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Jacaranda Village LLC		
(Name of Resul	lting Florida Limited Company)	
"Other Business Entity" into a "Florida Limite	es of Organization, and fees are submitted to convert and Liability Company" in accordance with s. 608.439, F.S.	
Please return all correspondence concerning th	is matter to:	
Anne E. Sallee, FR	P	
Contact Person		
Greenspoon Marder,	PA	
Firm/Company		
Trade Center South, 100 W Cypres	s Creek Rd, #700	
Address		
Fort Lauderdale, FL 3	3309	
City, State and Zip Cod	······································	
alewis@scullycompany		
E-mail address: (to be used for future ann	ual report notification)	
For further information concerning this	matter, please call:	
Anne Sallee	at (954) 491-1120, x2628 5	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a check for the following amount:	Carry	
\$150.00 Filing Fees \$\sqrt{\$155.00 Filing Fees}\$	180.00 Filing Fees Certified Copy, and Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building Division of Corporations P. O. Box 6327		
2661 Executive Center Circle		
Tallahassee, FL 32301	•	

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" immed	
Conversion is: Scully/Plantation Associates	491000000985
	ther Business Entity)
2. The "Other Business Entity" is a General Part	nership .
(Enter entity type. Example:	corporation, limited partnership, on law or business trust, etc.)
first organized, formed or incorporated under the law (Enter state, or if a non-U.S.	ws of <u>Florida</u> entity, the name of the country)
on August 12, 2010 (Enter date "Other Business Entity" wa	s first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business Entity" which it is now organized, formed or incorporated:	was changed, the state or country under the laws of
4. The name of the Florida Limited Liability Compa Organization:	any as set forth in the attached Articles of
Jacaranda Village LLC	
(Enter Name of Florida I	Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: 1) cannot be prior to nor more	cenve date Dm
filed by the Florida Department of State; <u>AND</u> 2) attached Articles of Organization, if an effective of	must be the same as the effective date listed in the date is listed therein.)
6. The conversion is permitted by the applicable law conversion complies with such law(s) and the requir	(s) governing the other business entity and the ements of s.608.439, F.S., in effecting the conversion.
7. The "Other Business Entity" currently exists on the	ne official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this Star day of Acros	20 12 .	•
Signature of Member or Authorized Rep Individual signing affirms that the facts sta constitutes a third degree felony as provide	ated in this document are true Any false ed for in s.81 7.155 F.S.	any: information
Signature of Member or Authorized Repres Printed Name: Michael A. Scully		
Signature(s) on behalf of Other Business E this document are true. Any false informat s.817.155, F.S. [See below for required sign Signature: Printed Name: Michael A. Scully	tion/constitutes a third degree felony as parture(s).]	provided for in
Signature: James D. Scully, Jr.	Title: Partner Title: Partner Title: Partner	
Signature: Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected		12 1
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.		
If Florida Limited Partnership or Limited Signatures of <u>ALL</u> General Partners.	Liability Limited Partnership:	AHH 37
All others: Signature of an authorized person.		37 NIE RIDA
Fees:		
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$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:				
Jacaranda Village LLC (Must end with the words "Limited Liability Company, the abbr	revistion "L.L.C.," or the designation "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
461 NW 87th Road Plantation, Fl. 33324-6531	801 Old York Rd., Suite 100 Jenkintown, PA 19046-1800			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an Individual or another			
NRAI Services, Inc.				
515 E. Park Avenue Florida street address				
Tallahassee	FL 32301 State, and Zip			
Having been named as registered agent and to accompany at the place designated in this certifical agree to act in this capacity. I further agree to ac	ccept service of process for the above stated limited liability te, I hereby accept the appointment as registered agent and comply with the provisions of all statutes relating to the and I am familiar with and accept the obligations of my			

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:
ember
James D. Scully, Jr.
801 Old York Rd., Suite 100
Jenkintown, PA 19046-1600
Michael A. Scully
801 Old York Rd., Suite 100
Jenkintown, PA 19046-1600
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ary)
ary)
f other than the date of filing:
(OPTIONAL)
be prior to nor more than 90 days after the date this document is filed by
nte; AND 2) must be the same as the effective date listed in the attached
n effective date listed therein.)
1) Michael & Cul V
ber or an authorized representative of a member.
. / /
8.408(3), Florida Statutes, the execution of this document constitutes an affirmation under e facts stated herein are true. I am aware that any false information submitted in a of State constitutes a third degree felony as provided for in s.817.155, F.S.)
cully
Typed or printed name of signee