

L12000137419

(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



500239086895

10/30/12--01005--002 **102.50

500239086895
10/12/12--01037--016 **77.50

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2012 OCT 29 AM 8:49

C. LEWIS

OCT 30 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2012

JAMES D. SALTER / SALTER FEIBER, P.A.
P.O. BOX 357399
GAINESVILLE, FL 32635-7399

SUBJECT: POINT WEST ASSOCIATES, LLC
Ref. Number: W12000052819

We have received your document for POINT WEST ASSOCIATES, LLC and check(s) totaling \$77.50 of which \$77.50 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$102.50 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is L12000108978.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 012A00025398

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Point West Associates, LLC
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

James D. Salter
(Contact Person)

Salter Feiber, P.A.
(Firm/Company)

P.O. Box 357399
(Address)

Gainesville, FL 32635
(City, State and Zip Code)

gmmyo47@yahoo.com
E-mail address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

James D. Salter at (352) 376-8201
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization) | <input type="checkbox"/> \$155.00 Filing Fees
and Certificate of
Status | <input checked="" type="checkbox"/> \$180.00 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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
For
"Other Business Entity"
Into
Florida Limited Liability Company

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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:

Point West Associates, a Florida general partnership MP 120000.1268
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a general partnership.
(Enter entity type. Example: corporation, limited partnership,
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 12, 2012.
(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**:

Point West Associates, 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.)

6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

Signed this 24 day of October 20 12.

Signature of Member or Authorized Representative of Limited Liability Company:

Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Member or Authorized Representative: [Signature]
Printed Name: George M. Miller Title: Managing Member

Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: [Signature]
Printed Name: George M. Miller Title: Partner

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)

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ARTICLES OF ORGANIZATION

OF

POINT WEST ASSOCIATES, LLC

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ARTICLES OF ORGANIZATION

The undersigned, being a duly authorized representative of the Company, desiring to convert POINT WEST ASSOCIATES, a Florida general partnership into a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, allowing for such conversions, does hereby adopt the following Articles of Organization:

ARTICLE I: NAME

The name of the limited liability company is **POINT WEST ASSOCIATES, LLC**, (the "Company").

ARTICLE II: ADDRESS

The Company's mailing address and street address of the principal office of the Company is 500 SW 34th Street, Gainesville, FL 32608.

ARTICLE III: DURATION

The period of the Company's duration shall be perpetual, unless terminated in accordance with the Company's regulations.

ARTICLE IV: PURPOSE

The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE V: REGISTERED OFFICE AND AGENT

The Company designates 500 SW 34th Street (Office), Gainesville, Florida, 32608, as the street address of the initial registered office of the Company and names James D. Salter, the Company's initial registered agent at this address to accept service of process within this state.
3940 NW 16th Blvd Building B, Gainesville, FL 32605.

ARTICLE VI: ADDITIONAL MEMBERS

Additional Members may be admitted upon the approval of all of the Members of the Company.

ARTICLE VII: MEMBERS RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event that terminates the continued membership of a member in the Company will be as provided in the Regulations of the Company.

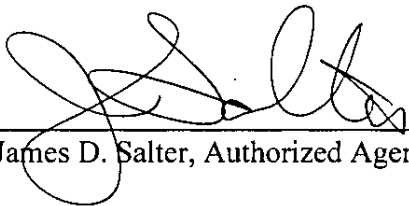
ARTICLE VIII: MANAGEMENT

The Company will be conducted, carried on, and managed by its Members.

ARTICLE IX: REGULATIONS

The Power to adopt, alter, amend, or repeal the Regulations of the Company will be vested in the members of the Company.

Dated this 30th day of August, 2012.

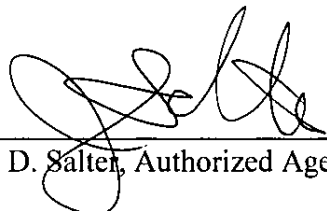

James D. Salter, Authorized Agent

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is Point West Associates, LLC.
2. The name and address of the registered agent and office is James D. Salter, 3940 NW 16th Blvd., Building B. *Gainesville, FL 32605*

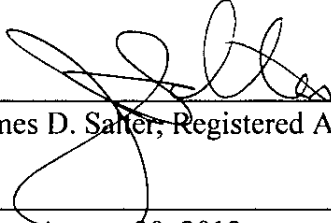
Dated this 30th day of August, 2012


James D. Salter, Authorized Agent

Having been named to accept service of process for the limited liability company named above, at the place designated in this certificate, I hereby agree to the appointment as registered agent and agree to act in that 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.

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James D. Saffert, Registered Agent

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Date: August 30, 2012

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