# L12000156919

(Re	equestor's Name)	
(Ad	ldress)	
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,		
(Cit	ty/State/Zip/Phone	#)
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<b>—</b>	<b>—</b>	<b>—</b>
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
,	•	,
(Do	cument Number)	
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Certified Copies	Certificates	of Status
Γ	<del></del>	
Special Instructions to	Filing Officer:	
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Office Use Only



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FILED
2012 DEC 14 PM 1: 31

J. BRYAN

DEC 1 7 2012

**EXAMINER** 

# **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	ECT: SUGARLAND HARB			<del></del> .
	(Name o	of Resulting Florida Limi	ted Company)	
	nclosed Certificate of Conversion, r Business Entity" into a "Florida I			
Please	return all correspondence concern	ing this matter to:		
WILL	IAM L. KETCHERSID		•	
	(Contact Person)			
WAR	D & KETCHERSID, P.A.		٠,	28 1
	(Firm/Company)			ALLIA T
1241	AIRPORT ROAD, SUITE H			空間 5
	(Address)			ASS ASS
DES	TIN, FLORIDA 32541			2012 DEC 14 PM 1: 34 SECRETARY OF STATE SECRETARY OF STATE
-	(City, State and Zip Code	e)		FLO :
bketo	hersid@flaattorney.com	•		름 2
E-mail	address: (to be used for future annual repo	ort notifications)		<b>&gt;</b>
For fu	rther information concerning this r	natter, please call:		
Willia	m L. Ketchersid	at (_850)	837-5507	
	(Name of Contact Person)	(Area Code a	nd Daytime Telephone Numb	er)
Enclo	sed is a check for the following am	ount:		
<sup>J</sup> (\$25 fo & \$125	O Filing Fees r Conversion of for Articles anization)  \$\sigma \frac{1}{3}\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Regis Divisi Clifto	CET ADDRESS: tration Section on of Corporations n Building Executive Center Circle	Registrat Division P. O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	

Tallahassee, FL 32301

### Certificate of Conversion

For

## "Other Business Entity"

Into

#### Florida Limited Liability Company

to convenient to

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 Busin	ness Entity" immediately prior to the filing of this Certificate of	
Conversion is:	# <sub>*</sub> O <sub>=</sub> .	
Sugarland Harbor, Inc	#P080000 48921	
	(Enter Name of Other Business Entity)	
2. The "Other Business Entity"	is a corporation	
(Enter entity	type. Example: corporation, limited partnership,	
general p	partnership, common law or business trust, etc.)	
first organized, formed or incorp	orated under the laws of Florida	
	e, or if a non-U.S. entity, the name of the country)	
on 05/15/2008_	_	
	usiness Entity" was first organized, formed or incorporated)	
3. If the jurisdiction of the "Othwhich it is now organized, forme	er Business Entity" was changed, the state or country under the lawed or incorporated:	ws of
4. The name of the Florida Limi Organization:	ted Liability Company as set forth in the attached Articles of	
Sugarland Harbor, LLC		
	Name of Florida Limited Liability Company)	
	filing, enter the effective date:	<b>4 !</b>
filed by the Florida Departmen	be prior to nor more than 90 days after the date this document of State; <u>AND</u> 2) must be the same as the effective date listed ion, if an effective date is listed therein.)	
6. The conversion is permitted b	y the applicable law(s) governing the other business entity and the	<del>;</del>

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

conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.

Signed this 27 day of November	20 <u>12</u>	
Signature of Member or Authorized Repr Individual signing affirms that the facts sta constitutes a third degree felony as provide	resentative of Limited Liability Company: ted in this document are true. Any false information d for in s.817.155, F.S.	
Signature of Member or Authorized Represe Printed Name: Robert J. Shahid	entative:Title: Managing Member	
	ntity: Individual(s) signing affirm(s) that the facts stated in ion constitutes a third degree felony as provided for in ature(s).]	
Signature:		
Printed Name: Robert J. Shahid	Title: President	
Ci-matum.	Title:  Title:  Title:  Title:	
Signature:Printed Name:	Title:	<u> </u>
Timed Name.		-
Signature:	PAR F	7
Printed Name:	Title:	
0:	TS	
Signature:	Title:	
rinted Name:	inte	
Signature:	·	
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected		
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:	
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:	
All others: Signature of an authorized person.		
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

Δ	RTI	CI	$\mathbf{F}$	T_	Na	me	٠.
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The name of the Limited Liability Company is:

# SUGARLAND HARBOR LLC

(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:		
34 Harbor BLVD.	34 Harbor BLVD.		
Suite 158	Suite 158		
Destin, Florida 32541	Destin, Florida 32541		
	ristered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another		
The name and the Florida street address	of the registered agent are:		
William L. Ket	chersid		
	Name		
1241 Airport	Road, Suite H		
Florida street a	address (P.O. Box NOT acceptable)		
Destin	FL 32541		
	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)

Page 1 of 2

4

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

Title:	Name and Address:
"MGR" = Manage	
"MGRM" = Mana	ng Member
MGRM	Robert J. Shahid  309 Elliot Road  Ft. Walton Beach, FL 32548
	309 Elliot Road
	Ft. Walton Beach, FL 32548
	TI. Wallon Beach, TE 020-10
MGRM	Billie Jean Shahid
	309 Elliot Road
	Ft. Walton Beach, Fl 32548
	TE Walker Bodon, 17 920 10
	Ÿ
(Use attachment if ARTICLE V: Effective	ate, if other than the date of filing:
	(ØPTIONAL)
the Florida Departmen	anot be prior to nor more than 90 days after the date this document is filed by of State; <u>AND</u> 2) must be the same as the effective date listed in the attached if an effective date listed therein.)
REQUIRED SIGNAT	ex.:2
<u>ILEQUIRES</u>	
Signature	member or an authorized representative of a member.
the penalties of perju	ion 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under that the facts stated herein are true. I am aware that any false information submitted in a ment of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Robert	Shahid
<u> </u>	Typed or printed name of signee