# 1.1800038132

(	(Requestor's Name)	
	(Address)	<del></del>
<del>- · · · · · · · · · · · · · · · · · · ·</del>	(Address)	
	City/State/Zip/Phone #	<del>j</del>
PICK-UP	WAIT	MAIL
<del>-                                    </del>	(Business Entity Name	<del>)</del>
	(Document Number)	
Certified Copies	Certificates o	of Status
Special Instructions	to Filing Officer:	

Office Use Only



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FE 9: 23

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 03/02/2022	-	~WALK IN~
ENTITY NAME Sim Spi	nnaker LLC	
DOCUMENT NUMBER_		
	**PLEASE FILE THE ATTACHED AND RETURN**	
	Plain Copy	
XXXXXX	Certified Copy	
	Certificate of Status	
**/	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments	
- ·	Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINAT	TION	_
NUMBER OF CERTIFICA		<b>-</b>
TOTAL OWED \$55	ACCOUNT #: I20160000072	
Please call Tina at th	he above number for any issues or concerns. Thank you so m	rach!

#### **COVER LETTER**

TO:	Registration S Division of C			
SURI	IFCT: SIM SPIN	INAKER COVE, LLC		
170100	<u>.                                </u>	Name of Florida	Limited Liability Compan	у
Limit			ee(s) are submitted to or r Business Entity" in a	
Please	e return all corr	espondence concernin	g this matter to:	
John P	. Grygiel, Esquire			
_		Contact Person		
Zimme	erman, Kiser & Su	tcliffe, P.A.		
		Firm/Company	<del></del>	
315 E.	Robinson Street,	Suite 600		
		Address		
Orland	io, Florida 32801			
	(	City, State and Zip Code		
E	-mail address: (to	be used for future annual	report notification)	
For fu	irther informati	on concerning this ma	itter, please call:	
Jessica Snyder, Corporate Paralegal		at (407 ) 425	-7010	
N	ame of Contact P	erson		time Telephone Number
Enclo	sed is a check t	or the following amou	unt:	
□ <b>\$</b> 25	5.00 Filing Fee	☐ \$30.00 Filing Fee and Certificate of Status	■\$55.00 Filing Fee and Certified Copy	☐ \$60.00 Filing Fee, Certified Copy, and Certificate of Status
Regist Divisi P.O. E	ng Address: tration Section ion of Corporat Box 6327 nassee, FL 3231		The Centre of	Section Corporations of Tallahassee nroe Street, Suite 810

CR2E106 (05/17)

### **Articles of Conversion**

For

## Florida Limited Liability Company

Into

#### "Converted or Other Business Entity"

Liability Company into an "Other Business Entity" in accordance with s. 605.1045.					
Florida Statutes.  1. The name of the Florida Limited Liability Company converting into the "Other Province Province" in the Province Prov					
The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:  SIM SPINNAKER COVE, LLC					
2. The name of the "Converted or Other Business Entity" is:					
SIM SPINNAKER COVE, LLC					
Enter Name of "Converted or Other Business Entity"					
3. The "Converted or Other Business Entity" is a limited liability company  (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)					
organized, formed or incorporated under the laws of					
(Enter state, or if a non-U.S. entity, the name of the country) The formation document is attached (if applicable).					
4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.					
5. This conversion shall be effective in Florida on:  (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 of the conversion under the laws governing the "Other Business Entity.")					

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

- 6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":
  - a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address:

2999 NE 191st Street Suite 510

Aventura, FL 33180

2999 NE 191st Street Suite 510

Aventura, FL 33180

7. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signature:

Must be signed by a Member or Achtorized Representative

Printed Name:

STUART MEYERS

Title:

Manager of General Partner of Manager

Fees: Filing Fee:

\$25.00

Certified Copy:

\$30.00 (Optional)

Certificate of Status:

\$5.00 (Optional)

Page 2 of 2