L14000069177

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

Office Use Only



400259101144

04/24/14--01034--013 **180.00

FILED
2014 APR 24 PM 12: 06

APR 2 9 2013 T. HAMPTON

COVER LETTER

SUBJECT: EMERA	LD BEACH RENTALS C	F NORTHWEST	FLOR	IDA, LLÇ
	(Name	of Resulting Florida	Limit	ed Company)
The enclosed Certification Business Entity" into	cate of Conversion, A o a "Florida Limited L	rticles of Organiz iability Company	ation	, and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
Imelda Vasquez				
	(Contact Person)		•	
LegalZoom.com, Inc.				
	(Firm/Company)		-	
100 W. Broadway Suit	e 100			
	(Address)		-	
Glendale, CA 91210				
	City, State and Zip Code)		-	
tracieh68@hotmail.com	•			
E-mail Address: (to b	e used for future annual re	port notifications)	-	
For further informati	on concerning this ma	tter, please call:		
Imelda Vasquez		_at (323	962-	8600 ext 7950
(Name of Conta	ct Person)	(Area Code)	(Day	ytime Telephone Number)
Enclosed is a check f	or the following amou	int:		
□ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	■\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS Registration Section Division of Corporate Clifton Building 2661 Executive Cent	ons	Registr Divisio P. O. B	ation t n of C ox 63	Corporations

INHS11 (01/14)

Tallahassee, FL 32301

TO: Registration Section
Division of Corporations

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Filing Articles of Conversion
EMERALD BEACH RENTALS OF NORTHWEST FLORIDA, LLC
LZ order # 509276560

Dear Sir or Madam:

Attached for filing please find the Articles of Conversion of the above-referenced corporation. Enclosed, please find a check for \$180.00 for the filing fee and certified copy fee. Please process this application as quickly as possible and send the filed copy to me at the address below:

Legalzoom.com, Inc. 100 W. Broadway Suite 100 Glendale, CA 91210

If you have any questions, please call me at (323) 962-8600. Thank you for your help in this matter.

Sincerely,

Imelda Vasquez LegalZoom.com

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: EMERALD BEACH RENTALS OF NORTHWEST FLORIDA, INC. P1200006532
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of FL
07/17/2012 (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
EMERALD BEACH RENTALS OF NORTHWEST FLORIDA, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: 1) cannot be prior to date of receipt or filed date 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.)
5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

Page 1 of 2

2014 APR 24 PM 12: 06
SECRETARY OF STATE
AND A SECRETARY OF STATE

Signed this $\frac{30}{2}$ day of	Warh	20_14			
Signature of Authorized Rep					
Signature of Authorized Repre Printed Name: Tracle H Jenkins	esentative:	Title Manager	 -		
		[See below for required signature(s).]			
Signature: Macion	July -				
Printed Name: Tracie H Jehkins	<i></i>	Title: President	_		
Signature:		Title:	_		
Printed Name:		Title:	-		
Signature:		Title:			
Signature:		Title:	_		
Signature:		Title:	-		
Signature:		Title:	-		
If Florida Corporation: Signature of Chairman, Vice Ch	airman. Director, or	Officer.			
If Directors or Officers have not					
If Florida General Partnershi Signature of one General Partne		ty Partnership;			
If Florida Limited Partnership Signatures of ALL General Part		ty Limited Partnership:			
All others: Signature of an authorized person	on.		TA S	201	
Fees:			LL A	2014 APR 24	\neg
Articles of Conversion:		\$25.00		₹ 2	
Fees for Florida Article		\$23.00 \$125.00	RY :		'n
Certified Copy:	-	\$30.00 (Optional)	E C	N N	D
Certificate of Status:		\$5.00 (Optional)	1031 1207 1217	PH 12: 06	_
				AUT.	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Com	pany is:	
EMERALD BEACH RENTA	LS OF NORTHWEST FLORIDA, LLC	
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limit	ted Liability Company is:
Principal Office Address:	Mailing Address:	
1338 Windward Circle	1338 Windward Circle	
Niceville, FL 32578	Niceville, FL 32578	
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.) The name and the Florida street address		noividual of anomer
TRACIE H JENKINS	Name	
	Naplic	
1338 Windward Circle		
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)	
Niceville	FL 32578	
City	Zip	
Having been named as registered ager liability company at the place desig registered agent and agree to act in thi statutes relating to the proper and co accept the obligations of my position	nated in this certificate, I hereby a is capacity. I further agree to comp mplete performance of my duties, a	ccept the appointment as ply with the provisions of all and I am familiar with and
(CC	ONTINUED)	
	Page 1 of 2	2014 APR SECRET

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Tracie Jenkins	
	1338 Windward Circle, Niceville, FL.	32578
	and the second s	
		
		
(Use attachment if necessary)		
(CSC attachment if necessary)		
CLE V: Effective date, if other than the	he date of filing:t be specific and cannot be more than	(OPTIONAL) five business days prior
CLE V: Effective date, if other than the effective date is listed, the date mus go days after the date of filing.)	he date of filing: t be specific and cannot be more than :	(OPTIONAL) five business days prior
CLE V: Effective date, if other than the effective date is listed, the date muse the days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of	er or an authorized representative of a (1) (b), Florida Statutes, the execution of nalties of perjury that the facts stated her	ive business days prior member. This document ein are true.
CLE V: Effective date, if other than the effective date is listed, the date muse the days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of	er or an authorized representative of a (1) (b), Florida Statutes, the execution of nalties of perjury that the facts stated her nubmitted in a document to the Departme	ive business days prior member. This document ein are true.
CLE V: Effective date, if other than the effective date is listed, the date muse 90 days after the date of filing.) CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a memb (In accordance with section 605.0203) onstitutes an affirmation under the per am aware that any false information sonstitutes a third degree felony as provided the effective date of	er or an authorized representative of a (1) (b), Florida Statutes, the execution of nalties of perjury that the facts stated her nubmitted in a document to the Departme	ive business days prior member. This document ein are true.
CLE V: Effective date, if other than the effective date is listed, the date muse 90 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0203 onstitutes an affirmation under the per am aware that any false information sonstitutes a third degree felony as profit. Filing Fees: \$125.00 Filing Fee for Articles	er or an authorized representative of a (1) (b), Florida Statutes, the execution of nalties of perjury that the facts stated her submitted in a document to the Department vided for in s.817.155, F.S.) Tracie Jenkins	a member. This document ein are true. Int of State
CLE V: Effective date, if other than the effective date is listed, the date muse of days after the date of filing.) CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member of a	er or an authorized representative of a (1) (b), Florida Statutes, the execution of nalties of perjury that the facts stated her submitted in a document to the Department vided for in s.817.155, F.S.) Tracio Jenkins	a member. This document ein are true. Int of State
CLE V: Effective date, if other than the effective date is listed, the date muse of days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of section of section of section of Registered Agent	er or an authorized representative of a (1) (b), Florida Statutes, the execution of nalties of perjury that the facts stated her submitted in a document to the Department vided for in s.817.155, F.S.) Tracio Jenkins	a member. This document ein are true. Int of State