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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of C					
SUBJECT: Leon A	rms, LLC	•			
	(Name	of Resulting Florida L	imited	Company)	
				fees are submitted to convert an "Cordance with s. 605.1045, F.S.	Othe
Please return all corr	espondence concernin	g this matter to:			
Van P. Geeker, Es	, 8 q .				
	(Contact Person)				
Emmanuel, Shepp	oard & Condon				
	(Firm/Company)				
30 S. Spring Stree	et				
	(Address)				
Pensacola, FL 325	502				
	City, State and Zip Code)				
KarKoel@aol.com					
E-mail Address: (to b	e used for future annual re	port notifications)			
For further informati	ion concerning this ma	tter, please call:			
Karen Koelemij		_at (850)_	222-	5262	
(Name of Conta	act Person)	(Area Code)	(Dayt	ime Telephone Number)	
Enclosed is a check	for the following amou	ınt:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	■\$180.00 Filing Fe and Certified Copy	es	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	SS:	MAILIN	[G A]	DDRESS:	
Registration Section		Registrat			
Division of Cornorat	nons	Division	of Ca	ornorations	

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

"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 the Articles of Conversion is: Leon Arms Apartments Partnership LLP (Enter Name of Other Business Entity)
$1.7 \sim$ "
2. The "Other Business Entity" is a Limited Liability 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 O3/09/2000 on O3/09/2000 (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:
Leon Arms, 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

Signed this 23rd day of April	20.14			
Signed this AS day of HOLL	20_1-7			
Signature of Authorized Representative of Limi	ited Liability Company:			
Signature of Authorized Representative:	Title: Karen Koelemij, President			
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).]			
Signature: Johannes 7 Koelo	emil			
Printed Name: Johannes J. Koelamij	Titler General Partner			
Signature:Printed Name:	Title	•		
Timed Name.	1 ide:	•		
Signature:	<u> </u>			
Signature:Printed Name:	Title:	ಶ್ಯ	<u>_</u>	
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Signature:Printed Name:	Title	至至	ĄΡR	transmira)
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Signature: Printed Name: Signature: Printed Name:	•	OR OR	∵. `~	
Signature:	Tid	7.5	g S	
Printed Name:				
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.				
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:			
All others: Signature of an authorized person.				
Fees:				
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Leon Arms, LLC (Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
641 McDonnell Drive Tallahassee, FL 32310	641 McDonnell Drive Tallahassee, FL 32310
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the rep	
Karen Koelemij Name	ASSEE, F
641 McDonnell Drive Florida street address (P.O. l	
<u>Tallahassee</u> City	FL 32310 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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	
	Karen Koelemij,
	641 McDonnell Dr. TallahasseeFL32310
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	<u> </u>
effective date is listed, the date must	e date of filing: (OPTIONAL be specific and cannot be more than five business da
effective date is listed, the date must 0 days after the date of filing.) CLE VI: Other provisions, if any. eartners of Leon Arms Partnership interest as a member in the limite nager managed limited liability com Construction, Inc., a Florida corpor REQUIRED SIGNATURE: Signature of a member of member in the limite corpor and corpor REQUIRED SIGNATURE:	LLP shall have an equivalent proportionate d liability company. Leon Arms, LLC will be apany under Chapter 605, F.S., and Orange ation, shall be the Manager of Leon Arms, LLC.
cLE VI: Other provisions, if any. artners of Leon Arms Partnership interest as a member in the limite mager managed limited liability com Construction, Inc., a Florida corpor REQUIRED SIGNATURE: Signature of a member in accordance with section 605.0203 (onstitutes ar affirmation under the penam aware that any false information signature.)	LLP shall have an equivalent proportionate d liability company. Leon Arms, LLC will be pany under Chapter 605, F.S., and Orange ation, shall be the Manager of Leon Arms, LLC. If or an authorized representative of a member. I) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. Ibmitted in a document to the Department of State
cLE VI: Other provisions, if any. cartners of Leon Arms Partnership interest as a member in the limite nager managed limited liability com Construction, Inc., a Florida corpor REQUIRED SIGNATURE: Signature of a member in accordance with section 605.0203 (onstitutes an affirmation under the pen am aware that any false information supports and signatures a province of the constitutes at third degree felony as provinced.	LLP shall have an equivalent proportionate d liability company. Leon Arms, LLC will be pany under Chapter 605, F.S., and Orange ation, shall be the Manager of Leon Arms, LLC. If or an authorized representative of a member. I) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. abmitted in a document to the Department of State yided for in s.817.155, F.S.)