## L14 000104847

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000261801900

07/01/14--01021--021 \*\*150.00

ALLANA SE EL CANDA



2215 S. Third Street, Suite 101 Jacksonville Beach, FL 32250

ATTORNEYS AT LAW

TELEPHONE: (904) 285-5299 FACSIMILE: (904) 285-1640 INTERNET: www.jaxrelaw.com

June 30, 2014

#### **VIA FEDERAL EXPRESS**

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

RE: BAYCENTER ASSOCIATES, LLC

Dear Sir/Madam:

Enclosed please find the original and one copy of the Certificate of Conversion For "Other Business Entity" Into Florida Limited Liability Company and Articles of Organization for Florida Limited Liability Company for the above referenced entity along with my firm check in the amount of \$150.00 which represents the filing fee. Please file the original of the enclosed and return the "clocked in" copy to my office in the enclosed self-addressed, stamped envelope.

If you need anything further in this regard, please let me know.

Sincerely yours,

D. Randall Briley

DRB/bjl Enclosures

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Baycenter Assoc	iates, LLC
	(Name of Resulting Florida Limited Company)
	on, Articles of Organization, and fees are submitted to convert an "Other ited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence cor	cerning this matter to: '
Connie Menor	
(Contact Person	)
Baycenter Associates, LL0	
(Firm/Compan	)
8711-11 Perimeter Park B	oulevard
(Address)	
Jacksonville, FL 32216	
(City, State and Zip	Code)
cmenor@perimeter-realty.	com
E-mail Address: (to be used for future a	
For further information concerning t	nis matter, please call:
Connie Menor	at (904 )641-0018
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following	amount:
\$\sqrt{\$\sq}}}}}}}}}} \end{\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\sq}}}}}}}}} \end{\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sq}}}}}}}}}}} \end{\sqrt{\$\sqrt{\$\sqrt{\$\sq}}}}}}}} } \sqrt{\$\sqrt{\$\sq	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301

# Certificate of Conversion For "Other Business Entity" Into

### Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

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  on July 30, 1984  (Enter state, or if a non-U.S. entity, the name of the co	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)  First organized, formed or incorporated under the laws of United Partnership, common law or business trust, etc.)  First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the control of the co	
July 30, 1984 (Enter state, or if a non-U.S. entity, the name of the co	
July 30, 1984 (Enter state, or if a non-U.S. entity, the name of the co	
(date of organization, formation or incorporation)	untry)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Orga	nization:
Baycenter Associates, LLC	
(Enter Name of Florida Limited Liability Company)	•
4. If not effective on the date of filing, enter the effective date: N/A  (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days af date this document is filed by the Florida Department of State; AND 2) must be the same as the	
date listed in the attached Articles of Organization, if an effective date is listed therein.)	

Signed this 26 day of June	_20 <u>/4</u>	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative:	Title: Manager	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).]	
Signature:	l Management	
Printed Name: Donald C. Fort		
Signature:Printed Name:	_ Title:	
Signature:Printed Name:		
Signature:Printed Name:	Title:	
Signature:Printed Name:	_ Title:	
Signature:Printed Name:	Title	
Frinted Name.		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		# T 14
Fees:		30.3 E - 4"
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:	
Baycenter Associates, LLC	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printer.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8711-11 Perimeter Park Boulevard Jacksonville, FL 32216	8711-11 Perimeter Park Boulevar Jacksonville, FL 32216
ARTICLE III - Registered Agent, Registered of The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
D. Randall Briley, Esq.	
Name	
2215 South Third Street, S	Ste. 101
Florida street address (P.O.	
Jacksonville Beach	FL 32250
City	Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S
Defandall of	Buley
Registered Agent's Signa	ture/(KEOOIRED)
(CONTINU	ED)

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager  MGR	Donald C. Fort	
MON	8711-11 Perimeter Park Boulevard	_
		_
	Jacksonville, FL 32216	_
		_
		_
		_ <del>_</del>
		_
		<del></del>
		_
		_
		_
(Use attachment if necessary)  ICLE V: Effective date, if other than the effective date is listed, the date must	ne date of filing: (OPTIII) t be specific and cannot be more than five busing	ONAL)
ICLE V: Effective date, if other than the	ne date of filing: (OPTI t be specific and cannot be more than five busin	ONAL) ness day
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)	ne date of filing: (OPTI t be specific and cannot be more than five busin	ONAL)
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)	e date of filing: (OPTI) t be specific and cannot be more than five busing	ONAL)
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)  ICLE VI: Other provisions, if any.	ne date of filing:	ONAL)
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	t be specific and cannot be more than five busing	ness da
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member	t be specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than the specific and cannot be specific and cannot be specifically and cannot be specific as the specific and cannot be specifically and cannot be specific and cannot be specifically and cannot be	ness da
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0203 (	er or an authorized representative of a member (1) (b), Florida Statutes, the execution of this documents of the statutes of the execution of the	r.
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member o	er or an authorized representative of a member (1) (b), Florida Statutes, the execution of this docinalties of perjury that the facts stated herein are true	r. iment
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member o	er or an authorized representative of a member (1) (b), Florida Statutes, the execution of this document to the Department of Statuted in a document to the Department of Statutes and the statute of the Department of Statutes and the statute of the Department of Statutes of Statutes of Statutes of Statutes of Statutes of Statutes of St	r.
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605,0203 (constitutes an affirmation under the pen am aware that any false information signature of signature of signature of a member am aware that any false information signature.	er or an authorized representative of a member (1) (b), Florida Statutes, the execution of this document is of perjury that the facts stated herein are true ubmitted in a document to the Department of Stativided for in s.817.155, F.S.)	r. iment
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member o	er or an authorized representative of a member (1) (b), Florida Statutes, the execution of this document to the Department of Stativided for in s.817.155, F.S.)	r. iment
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member o	er or an authorized representative of a member (1) (b), Florida Statutes, the execution of this document to the Department of Statuted for in s.817.155, F.S.)	r. iment

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) Page 2 of 2

of Registered Agent