L14000124400

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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TO ACCOUNT OF FILING

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ACCOUNT NO. : I2000000195

REFERENCE : 248480

7495468

AUTHORIZATION :

COST LIMIT : \$ 185

ORDER DATE: August 7, 2014

ORDER TIME : 2:51 PM

ORDER NO. : 248480-025

CUSTOMER NO: 7495468

DOMESTIC AMENDMENT FILING

NAME: SHADOW BAY APARTMENTS, LTD.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration ! Division of C				
SUBJECT: SHADO	OW BAY APARTME	NTS, LTD.		
		of Resulting Florida Limite	ed Company)	e
			nd fees are submitted to concordance with s. 605.10	
Please return all corr	espondence concerning	g this matter to:		
Nancy Patrowicz		•		
	(Contact Person)			,
Arbor Commercial	Mortgage, LLC			
	(Firm/Company)		•	
333 Earle Ovington	n Blvd., Suite 900			
	(Address)	,		
Uniondale, NY 115	553			•
(1	City, State and Zip Code)			
npatrowicz@arbor	.com			
E-mail Address: (to b	e used for future annual re	port notifications)	•	39 2
For further informati	on concerning this ma	tter, please call:		ASS AN OSS AND ASS AND
		_at ()		5克 上 广
(Name of Conta	act Person)	(Area Code) (Day	ytime Telephone Number)	121 (4)
Enclosed is a check t	for the following amou	nt:		FIST &
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$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	ADA

STREET ADDRESS:

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

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

INHS11 (02/14)

Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

The Articles 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 the Articles of SHADOW BAY APARTMENTS, LTD. 1414259	of Conv	ersion	is:
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a Limited 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			
April 1, 1983 (Enter state, or it a non-U.S. entity, the nar	ne of the	country)
(date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached Article	s of Or	ganiza	tion:
SHADOW BAY APARTMENTS, 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 9 date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the sadate listed in the attached Articles of Organization, if an effective date is listed therein	me as t		
5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.	4	云 S	29
Page 1 of 2		ECRETARY	2814 AUG - 7
		OF ST	<u>a</u>

Signed this day of August	_20 <u>14</u>			
Signature of Authorized Representative of Limit	•			
Signature of Authorized Representative: Printed Name: Joanna Thalassinos	Title: Authorized Signatory			
Signature:	See below for required signature(s).] —			
Printed Name: Nancy Patrovicz	Title: Authorized Signatory			
Signature: Printed Name:	Title:			
Signature: Printed Name:	Title:			
Signature: Printed Name:	_ Title:			
Signature:Printed Name:	Title:			
Signature: Printed Name:	Title:			
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.	y Partnership:			
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:	-		
All others: Signature of an authorized person.		'	2014 AU SECRU	#** godg
Fees:		ı	AUG -7 RETARY AHASSI	in the same
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy:	\$25.00 \$125.00 \$30.00 (Optional)		707 STATE	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company is:	:				
SHADOW BAY APARTMENTS, LLC					
(Must end with the words "Limited Liabil	lity Company, "L	.L.C.," or "LI	.C.")	_	
ARTICLE II - Address:					
The mailing address and street address of the pi	rincipal offic	e of the Li	mited Liability (Company is:	
Principal Office Address:	Mailing A	ddress:			
590 W. Kennedy Blvd.	590 W. K	Cennedy E	Blvd.		
2nd Floor	2nd Floo			- -	
Lakewood, NJ 08701	Lakewoo	d, NJ 087	′01	_ _	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the I	stered Agent. You	ı must designa			
	_	om aro.			
Corporation Service Con			. چ.مدن		
Name	e				
1201 Hays Street					
Florida street address (P.O). Box <u>NOT</u>	acceptable)		
Tallahassee	FL	32301			
City	• •	Zip			
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as re	n this certifica city. I further performance	ate, I herel agree to c of my duti	by accept the appoint of the property with the property and I am family	ointment as rovisions of all iliar with and	
Registered Agent's Sig			 Asst. Vice President	2814 SALL	
(CONTIN	NUED)			AU AU	r mo
Page 1	·			2014 AUG - 7 AM 80 SECRETARY OF STAT ALLAHASSEELFLOOD	A was a second

"AMBR" = Authorized Member "MGR" = Manager MGR Lexford Pools 1 333 Earle Oving Uniondale, NY (Use attachment if necessary) (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: Effective date is listed, the date must be specific and cannot days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of member or an authorized rein accordance with section 605.0203 (1) (b), Florida Statutes in stitutes an affirmation under the penalties of perjury that the maware that any false information submitted in a document institutes a third degree felony as provided for in s.817.155, Nancy Patrowicz Typed or printed name of Filing Fees:	Lexford Pools 1/3 LLC 333 Earle Ovington Blvd., Suite 900 Uniondale, NY 11553 The date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior that the specific and cannot be more than five business days prior (OPTIONAL) ust be specific and cannot be more than five business days prior (OPTIONAL) ust be specific and cannot be more than five business days prior (OPTIONAL) ust be specific and cannot be more than five business days prior (OPTIONAL) ust be specific and cannot be more than five business days prior (OPTIONAL) ust be specific and cannot be more than five business days prior (OPTIONAL) ust be specific and cannot be more than five business days prior (OPTIONAL) ust be specific and cannot be more than five business days prior (OPTIONAL) ust be specific and cannot be more than five business days prior (OPTIONAL) ust be specific and cannot be more than five business days prior (OPTIONAL) ust be specific and cannot be more than five business days prior (OPTIONAL) ust be specific and cannot be more than five business days prior (OPTIONAL) ust be specific and cannot be more than five business days prior (OPTIONAL) ust be specific and cannot be more than five business days prior (OPTIONAL) ust be specific and cannot be more than five business days prior (OPTIONAL) ust be specific and cannot be more than five business days prior (OPTIONAL) ust be specific and cannot be more than five business days prior (OPTIONAL) ust be specific and cannot be more than five business days prior (OPTIONAL) ust be specific and cannot be more than five business days prior (OPTIONAL) ust be specific and cannot be more than five business days prior (OPTIONAL) ust be specific and cannot be more than five business days prior (OPTIONAL) ust be specific and cannot be more than five business days prior (OPTIONAL) ust be specific and cannot be specific and cannot be used to the control of	AMBR" = Authorized Member MGR Lexford Pools 1/3 LLC 333 Earle Ovington Blvd., Suite 900 Uniondale, NY 11553 Use attachment if necessary) Let V: Effective date, if other than the date of filing: fective date is listed, the date must be specific and cannot be more than five business days prior days after the date of filing.) Let V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. accordance with section 605,0203 (1) (b), Florida Statutes, the execution of this document stitutes an affirmation under the penalties of perjury that the facts stated herein are true? (5) and a statutes are that any false information submitted in a document to the Department of State in aware that any false information submitted in a document to the Department of State in aware that any false information submitted in a document to the Department of State in aware that any false information submitted in a document to the Department of State in aware that any false information submitted in a document to the Department of State in aware that any false information submitted in a document to the Department of State in aware that any false information submitted in a document to the Department of State in aware that any false information submitted in a document to the Department of State in aware that any false information submitted in a document to the Department of State in a	Title:	Name and Address:
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ARTICLE IV-