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#### **COVER LETTER**

sulting Florida	Limited Company)
	on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
s matter to:	
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please call:	
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(Area Code)	(Daytime Telephone Number)
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Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

# 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 Captiva Resort LLC	of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a limited liability company	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of Delaware	
January 28, 2011 (Enter state, or if a non-U.S. entity, the na	me 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	es of Organization:
Captiva Resort 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 sa date listed in the attached Articles of Organization, if an effective date is listed therein	ame as the effective
5. The plan of conversion has been approved in accordance with all applicable statutes.	TALLA Section
Page 1 of 2	SEP 19 AMIL:
	- <del>2</del> 2 6 - **/

Signed this 13th day of September	
Signed this 10 day of September	_ <del>2</del> 0 <u>14                                     </u>
Signature of Authorized Representative of Limi	ted/Hiability Company:
Signature of Authorized Representative:  Printed Name: Vince Payre	Title Manager
Signature(s) on behalf of Other Bustness Entity: [	See below for required signature(s).
Signature: Www Hayp	
Printed Name: Vince Payne	Title: Manager
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signature: Printed Name:	Title:
Timed Name.	
Signature:	THE .
Printed Name:	I file:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the 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 Liabilit Signatures of <u>ALL</u> General Partners.	ty 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:		
Captiva Resort LLC (Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	
4054 Sawyer Road Sarasota, FL 34233	4054 Sawyer Road Sarasota, FL 34233	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)		
The name and the Florida street address of the re	gistered agent are:	
John R. Dunham, III, Esq.		
Name		
Two North Tamiami Trail, Florida street address (P.O.		
Sarasota	FL 34236	
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 capacity statutes relating to the proper and complete paccept the obligations of my position as regional Registered Agent's Signal (CONTINE)	this certificate, I hereby accept the sertificate, I hereby accept the I further agree to comply veryormance of my duties, and istered agent as provided for it atture (REQUIRED)	ot the appointment as with the provisions of all I am familiar with and

	The name and address Company:	ss of each person a	authorized to manage and control the	Limited Liability	
	Title: "AMBR" = Authoriz	ed Member	Name and Address:		
	"MGR" = Manager MGR		Vince Payne		
	IVIOIT		4054 Sawyer Road		
			Sarasota, FL 34233		
If an	effective date is listed	e, if other than the	date of filing: be specific and cannot be more than	(OPTIONAL) five business day	s prior
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