L14DD0103307

(Requestor's Name) (Address) (Address)	400369200454
(City/State/Zip/Phone #)	07/15/2101005011 **25.00
Certified Copies	JUL 15 2021 ALBRITTON



Filing Cover Sheet

To: Florida Division of Corporations From: LESLIE SELLERS C/O Capitol Services, Inc. Date: 7/14/2021 Trans#: 1217591

Entity Name: MAITLAND MULTI FAMILY, LLC - L14000163307

Articles Incorporation ()

Articles of Dissolution ()

Conversion (XXX)

<code>`Foreign Qualification (``)</code>

Limited Partnership ()

Reinstatement ()

Other ()

Articles of Amendment () Annual Report () Fictitious Name () Limited Liability () Merger () Withdrawal / Cancellation ()

(STATE FEES PREPAID WITH CHECK <u>#2268</u> FOR <u>\$25.00</u>

PLEASE RETURN:

Certified Copy () Plain Stamped Copy (XXX)

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: _____ Maitland Multi Family, LLC

Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company" into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:

Greg Baumann

Contact Person

BLD Group

Firm/Company

1500 Cordova Road Stc. 300

Address

Ft. Lauderdale, FL 33316

City, State and Zip Code

gbaumann@bldgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Greg Baumann
 at (954)
 369-1414

 Name of Contact Person
 Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

Mailing Address:	Street Address:			
S25.00 Filing Fee	\$30.00 Filing Fee and Certificate of Status	□\$55.00 Filing Fee and Certified Copy	S60.00 Filing Fee, Certified Copy, and Certificate of Status	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E106 (05/17)



<u>Articles of Conversion</u> For <u>Florida Limited Liability Company</u> Into "Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

Maitland Multi Family, LLC

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

Maitland Multi Family, LLC

Enter Name of "Converted or Other Business Entity"

limited liability company

organized, formed or incorporated under the laws of ______

(Enter state, or if a non-U.S. entity, the name of the country)

The formation document is attached (if applicable).

4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.

5. This conversion shall be effective in Florida on: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Page 1 of 2

6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":

a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address:	1500 Cordova F	1500 Cordova Road Stc. 300		
	Ft. Lauderdale,	FL 33316		
Mailing Addres	same			
appraisal rigl			agreed to pay any members bers are entitled under ss. 6	
Signed this	13thday o	f	, 2	0
Signature:	Must be s	igned by a Membe	r or Authorized Representative	
Printed Name:	Greg Baumann	Title	Authorized Representative	

\$25.00

Fees: Filing Fee: Certified Copy: Certificate of Status:

• .

Page 2 of 2

\$30.00 (Optional)

\$5.00 (Optional)