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	pg 6	_ 10
(Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
		İ

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

A. Shivers OCT 2.0 2014

COVER LETTER

_		Section orporations				• •	
		vestments, LLC					
SUBJECT:							
		(Name	of Re	sulting Florida	Limit	ted Company)	
		-		•		nd fees are submitted to convert accordance with s. 605.1045, F.S.	
Please return a	ıll corre	espondence concernin	g thi	s matter to:			
Michael S. Y	ashko	, Esquire					
Roetzel & Ar	ndress	(Contact Person) , LPA	••••				
		(Firm/Company)					
850 Park Sh	ore Dr	ive, Trianon Centre,	Thi	rd Floor			
		(Address)		 -			
Naples, Flori	da 34	103					
myashko@ra		City, State and Zip Code)					
E-mail Addre	ss: (to b	e used for future annual re	port r	notifications)			
For further inf	ormatic	on concerning this ma	tter.	please call:			
Michael S. Y		_	,	239	649	9-6200	
		ct Person)	at	())		
(Name	or Coma	ct reison)		(Area Code)	(Da	aytime Telephone Number)	
Enclosed is a	heck f	or the following amou	ınt:				
\$150.00 Filin (\$25 for Convers & \$125 for Artic of Organization)	ion	\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing I I Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET AD Registration S Division of Co Clifton Buildin 2661 Executiv	ection orporating	ons		Registra Division P. O. Bo	ition 1 of 6 0x 63	ADDRESS: Section Corporations 327 FL 32314	

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles 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(Enter entity	Other Business Entity) Ation ty type. Example: corporation, limited partnership, common law or business tr	partnership,
(Enter entit		partnership,
	· ·	ust, etc.)
First organized, formed or incorporated under	r the laws of	
December 29, 1995 on	•	entity, the name of the country)
(date of organization, formation or incorporation)	•	
,	Limited Liability Company) the effective date:	
4. If not effective on the date of filing, enter (The effective date: 1) cannot be prior to d date this document is filed by the Florida I date listed in the attached Articles of Organization.	Department of State; AND 2) m	ust be the same as the effective
5. The plan of conversion has been approved	in accordance with all applicable	statutes.
		ž i

Signe	this 16 day of September Oct	<u>. 20_14 </u>			
Signat	ture of Authorized Representative of Limi	ted Liability Company:			
Signat Printed	ure of Authorized Representative:	Title: AMBR	_		
Signat	ure(s) on behalf of Other Business Entity: [See below for required signature(s).]			
Signati Printed	nre: Wirginia Condeilo	Title: President	-		
	ure:				
	ure:				
Printed	re: Name:	Title:	-		
Signatu Printed	ıre: Name:	_Title:	- -		
Signati Printed	ıre: Name:	_ Title:	- -		
Signati	ida Corporation: ure of Chairman, Vice Chairman, Director, or Cotors or Officers have not been selected, an Inc				
	ida General Partnership or Limited Liabilit ure of one General Partner.	y Partnership;			
	ida Limited Partnership or Limited Liabilit ures of <u>ALL</u> General Partners.	y Limited Partnership:	yuud,		
All oth Signati	ners: ure of an authorized person.		SECRES ALLAND	14 OCT	¥,
Fees:			ARY O	29	tonien.
	Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	OF STATE	PH 1:59	\$ (man)

T:41	Name and Address.
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Virginia Condello
	6461 Sandalwood Lane
	Naples, Florida 34109
	
(Use attachment if necessary) CLE V: Effective date, if other than the effective date is listed, the date must	e date of filing: (OPTIONAL be specific and cannot be more than five business da
CLE V: Effective date, if other than th	e date of filing: (OPTIONAL be specific and cannot be more than five business da
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'ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
CCK Investments, 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 C	ompany is:
Principal Office Address:	Mailing Address:	
6461 Sandalwood Lane	6461 Sandalwood Lane	
Naples, Florida 34109	Naples, Florida 34109	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ed Agent. You must designate an individual or ano	
The name and the Florida street address of the reg	gistered agent are:	
Virginia Condello Name)	
Name		
6461 sandalwood	d Lane	
Florida street address (P.O. 1	Box NOT acceptable)	
Naples	FL 34109	
City	FL 34109 Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as register.	his certificate, I hereby accept the appo y. I further agree to comply with the pr prformance of my duties, and I amfamil	intment as ovisions of all iar with and
Cllndell	ASS	N 5+∞ N 5+∞
Registered Agent's Signa	ture (REQUIRED)	R
(CONTINU	ED)	59

Page 1 of 2