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| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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T. BROWN

COVER LETTER

| TO: | Registration S Division of C | | | | | |
|---|---|--|---------------------------------------|---|---|--|
| SUBJI | ECT: WAI | DEN'S WAY MANG | SAEMENT LLC | | | |
| | | (Name | of Resulting Florida | Limited | i Company) | |
| | | | | | d fees are submitted to convert an "Other cordance with s. 605.1045, F.S. | |
| Please | return all corre | espondence concerning | g this matter to: | | | |
| TRAC | Y COTTLE | | | | | |
| (Contact Person) | | | | | | |
| A1A INCORPORATION SERVICES | | | | | | |
| (Firm/Company) | | | | | | |
| 2761 | VISTA PARK | WAY SUITE E4 | | | | |
| | | (Address) | | | | |
| WEST | ΓPALM BEA | CH, FLORIDA 3341 | 1 | | | |
| | ((| City, State and Zip Code) | | | | |
| BENN | IINGRN@YA | HOO.COM | | | | |
| E-m | ail Address: (to b | e used for future annual rep | port notifications) | | | |
| For fur | ther information | on concerning this mat | tter, please call: | | | |
| TRACY COTTLE | | | _at (<u>800</u>) | 494- | 3124 | |
| | (Name of Conta | ct Person) | | (Dayt | ime Telephone Number) | |
| Enclos | ed is a check for | or the following amou | nt: | | | |
| (\$25 for & \$125 | 0.00 Filing Fees Conversion for Articles nization) | \$155.00 Filing Fees and Certificate of Status | □\$180.00 Filing I and Certified Copy | | □\$185.00 Filing Fees, Certified Copy, and Certificate of Status | |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | Registra Divisior P. O. Bo | MAILING ADDRESS: Registration Section Division of Corporations 2. O. Box 6327 Fallahassee, FL 32314 | | |

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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: WALDEN'S WAY MANAGEMENT CO. | | | | | | |
|--|--|--|--|--|--|--|
| (Enter Name of Other Business Entity) | | | | | | |
| 2. The "Other Business Entity" is aCORPORATION | | | | | | |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) | | | | | | |
| First organized, formed or incorporated under the laws of | | | | | | |
| MAY 29, 2014 (Enter state, or if a non-U.S. entity, the name of the country) | | | | | | |
| (date of organization, formation or incorporation) | | | | | | |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: | | | | | | |
| WALDEN'S WAY MANAGEMENT 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 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.) | | | | | | |
| 5. The plan of conversion has been approved in accordance with all applicable statutes. | | | | | | |

Page 1 of 2

| Signed this <u>26TH</u> day of <u>NOVEM</u> I | BER 20 14 . |
|--|--|
| Signature of Authorized Representativ | e of Limited Liability Company: |
| Signature of Authorized Representative: Printed Name: TIMBER A BENNING | Benninger Title: MANAGER |
| Signature(s) on behalf of Other Business | Entity: [See below for required signature(s).] |
| Signature: Sources Name: TIMBER A BENNING | Title: PRESIDENT |
| Signature:Printed Name: | Title: |
| Signature: | Tr. J |
| | Title: |
| Signature:Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

WALDEN'S WAY MANAGEMENT LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

23110 STATE ROAD 54 #330

LUTZ, FLORIDA 33549

ARTICLE III PURPOSE

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV REGISTERED AGENT

The name and the Florida street address of the registered agent are:

PATRICK S MAJOR

5314 JULIA LANE

LAND O LAKES, FLORIDA 33549

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

PATRICK S MAJOR / Registered Agent's signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06 F.S.

PAGE 2 WALDEN'S WAY MANAGEMENT LLC

ARTICLE V

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

MANAGER MANAGER

PATRICK S MAJOR TIMBER A BENNING

23110 STATE ROAD 54 #330 23110 STATE ROAD 54 #330

LUTZ, FLORIDA 33549 LUTZ, FLORIDA 33549

ARTICLE VI ADDITIONAL PROVISION

The name and address of the member of the Limited Liability Company:

MEMBER

ADVANTA IRA CUSTODIAN FBO TIMBER BENNING

23110 STATE ROAD 54 #330

LUTZ, FLORIDA 33549

Signature of a member or an authorized representative

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

PATRICK S MAJOR