# L14000193258

L 3248
(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:

Office Use Only



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12/17/14--01010--004 \*\*180.00

14 DEC | 7 AH 8: 5|
SECRETARY OF SIAIR
TALLAHASSEE, FLORID

J. Shivers DEC 1 9 2014

TOMMY D. PERMENTER, JR. \*ALSO ADMITTED IN SC



Bellwether Professional Park 2201 S.E. 30th Avenue, Suite 202 Ocala, Florida 34471 Telephone
(352) 622-1811
Facsimile
(352) 622-1866
Email
Tommy@Permenterlaw.com

December 12, 2014

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re:

Florida Properties of Ocala, Inc./ LLC

Articles of Conversion Our File No.: 10-0070

#### Ladies and Gentlemen:

Enclosed please find the Articles of Conversion for "Other Business Entity" into Florida Limited Liability Company for Florida Properties of Ocala, Inc., for filing.

Also, enclosed is my firm's check in the amount of \$180.00 representing the filing and certified copy fees.

Thank you for your assistance in this matter. If you have any questions, please let me know.

Sincerely,

THE PERMENTER LAW FIRM, P.A.

Tommy D. Permenter, Jr.

TDP/am Enclosures

## **COVER LETTER**

TO:	Registration S Division of C					
SUBJ	ECT: Florida	Properties of Ocala	, LLC			
			of Resulting Florida	Limite	ed Company)	
					d fees are submitted to cocordance with s. 605.10	
Please	e return all corr	espondence concernin	g this matter to:			
Tomr	ny D. Permen	iter, Jr., Esquire				
		(Contact Person)				
The F	Permenter Lav	w Firm, P.A.				
		(Firm/Company)				
2201	S.E. 30th Ave	enue, Suite 202				
		(Address)				
Ocala	a, Florida 344	71				
		City, State and Zip Code)				
Tomr	ny@Permente					
	<u> </u>	e used for future annual re	port notifications)			
		on concerning this ma				
Tomr	ny D. Permen	ter, Jr., Esquire	_at (352	622-	1811	
	(Name of Conta	ct Person)		(Day	rtime Telephone Number)	
Enclo	sed is a check f	or the following amou	ınt:			
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles unization)	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Regist Divisi Clifto	ET ADDRESS cration Section on of Corporation n Building	ions	Registra Division P. O. Bo	tion S n of C ox 632	Corporations 27	
26611	Executive Cent	er Circle	Tallahas	see l	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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Florida Properties of Ocala, Inc.	ne Articles of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Corporation	·
(Enter entity type. Example: corporation, limited pageneral partnership, common law or business trus	
First organized, formed or incorporated under the laws of Florida	
November 22, 1989 (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 attack	ned Articles of Organization:
Florida Properties of Ocala, LLC	
(Enter Name of Florida Limited Liability Company)	<del></del> •
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 m date this document is filed by the Florida Department of State; AND 2) must date listed in the attached Articles of Organization, if an effective date is lis	st be the same as the effective
5. The plan of conversion has been approved in accordance with ss. 605.1041-60	05.1046.

Page 1 of 2



Signed this 12 day of December	er 2014 .	
Signature of Authorized Representati		
Signature of Authorized Representati	ve of Eninted Enaphity Company.	
Signature of Authorized Representative: Printed Name: Robert J. Beck	Title: Manager	_
Signature(s) on behalf of Other Busines	ss Entity: [See below for required signature(s).]	
Signature:	Title: President	-
Printed Name: RODER J. BECK	Title: President	-
Signature:		-
Printed Name:	Title:	-
Signature:	Title:	-
Printed Name:	Title:	•
Signature:		-
Printed Name:	Title:	-
Signature:	Title:	_
Printed Name:	Title:	-
Signature:		_
Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, D If Directors or Officers have not been sele		
If Florida General Partnership or Limit Signature of one General Partner.	ted Liability Partnership:	
If Florida Limited Partnership or Limit Signatures of ALL General Partners.	ted Liability Limited Partnership:	
All others: Signature of an authorized person.		SEC TALL
Fees:		14 DEC 17 ECRETARN LLAHASSI
Articles of Conversion:	\$25.00	17

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
The name of the Limited Liability Company is.		
Florida Properties of Ocala, 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:	
3725 S.E. 58th Avenue	3725 S.E. 58th Avenue	
Ocala, Florida 34480	Ocala, Florida 34480	
		<del></del>
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent ared Agent. You must designate an indi	t's Signature: ividual or another
The name and the Florida street address of the re	gistered agent are:	
Robert J. Beck		
Name		
3725 S.E. 58th Avenue		
Florida street address (P.O.	Box NOT acceptable)	
Ocala	FL 34480	
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 capacit statutes relating to the proper and complete po accept the obligations of my position as regi	this certificate, I hereby accepty. I further agree to comply verformance of my duties, and	ot the appointment as with the provisions of all I am familiar with and
Registered Agent's Signa	ature (REQUIRED)	14 DEC SECRETA TALLAHAS
(CONTINU	·	RY OF S
Page 1 of	2	8: 52 STATE LORID

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
MGR	Robert J. Beck	
	3725 S.E. 58th Avenue	
	Ocala, Florida 34480	
		<del></del>
		<del></del>
		<del></del>
effective date is listed, the date must	e date of filing: (OP be specific and cannot be more than five bus	TIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)	e date of filing: (OP be specific and cannot be more than five bus	TIONAL) siness days
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)	be specific and cannot be more than five bus	TIONAL) siness days
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)  CLE VI: Other provisions, if any.	be specific and cannot be more than five bus	TIONAL) siness days
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CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	r or an authorized representative of a menit	siness days
CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member in accordance with section 605.0203 (	be specific and cannot be more than five bus	ocument
CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of	r or an authorized representative of a mental (b), Florida Statutes, the execution of this do alties of perjury that the facts stated herein are abmitted in a document to the Department of St	per control trues
CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of	r or an authorized representative of a mental (b), Florida Statutes, the execution of this do alties of perjury that the facts stated herein a delibmitted in a document to the Department of Statided for in s.817.155, F.S.)	per coursent trues
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CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of	r or an authorized representative of a mental (b), Florida Statutes, the execution of this do alties of perjury that the facts stated herein a document to the Department of Statuted for in s.817.155, F.S.)	per Locuttent trues

Page 2 of 2

ARTICLE IV-